

UNCLASSIFIED

AD NUMBER
ADB222409
NEW LIMITATION CHANGE
TO Approved for public release, distribution unlimited
FROM Distribution authorized to U.S. Gov't. agencies only; Proprietary Info.; Dec 96. Other requests shall be referred to Commander, U.S. Army Medical Research and Material Command, Attn: MCMR-RMI-S, Fort Detrick, Frederick, MD 21702-5012.
AUTHORITY
USAMRMC ltr. 9 Mar 98

THIS PAGE IS UNCLASSIFIED

FRONT COVER

CONTRACT NO.: 96MM6654

TITLE: Women Aboard Navy Ships: A Comprehensive Health and Readiness Research Project

PRINCIPAL INVESTIGATOR: Frank C. Garland, Ph.D.

PI ADDRESS: Naval Health Research Center
P. O. Box 85122
San Diego, CA 92186-5122

REPORT DATE: December 31, 1996

TYPE OF REPORT: Final Report

PREPARED FOR: U. S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
FORT DETRICK
FREDERICK, MARYLAND 21702-5012

DISTRIBUTION STATEMENT: Distribution authorized to U.S. Government agencies only (proprietary information, Dec 96). Other requests for this document shall be referred to Commander, U.S. Army Medical Research and Materiel Command, ATTN: MCMR-RMI-S, Fort Detrick, Frederick, MD 21702-5012.

VOLUME 1 OF 2

19970410 108

DTIC QUALITY INSPECTED 1

REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.				
1. AGENCY USE ONLY (Leave Blank)		2. REPORT DATE Dec 96		3. REPORT TYPE AND DATE COVERED Final (22 Dec 95 - 31 Dec 96)
4. TITLE AND SUBTITLE Women Aboard Navy Ships: A Comprehensive Health and Readiness Research Project			5. FUNDING NUMBERS MIPR No: 96MM6654	
6. AUTHOR(S) Frank C. Garland, Ph.D.				
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Naval Health Research Center P. O. Box 85122, San Diego, CA 92186-5122			8. PERFORMING ORGANIZATION	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick Frederick, Maryland 21702-5012			10. SPONSORING/MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES				
12a. DISTRIBUTION/AVAILABILITY STATEMENT Distribution authorized to U.S. Government agencies only (proprietary information, Dec 96). Other requests for this document shall be referred to Commander, U.S. Army Medical Research and Materiel Command, ATTN: MCMR-RMI-S, Fort Detrick, Frederick, MD 21702-5012.			12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 words) This is a final report for year two (FY 96) of a comprehensive epidemiologic research study of a large population of military women assigned to Naval ships. This multi-year project was conducted under the Congressionally established Defense Women's Health Research Program (DWHRP). The objectives of this study included descriptions of the health status, health care utilization patterns, health care needs, reproductive characteristics, birth control availability and pregnancy-related issues, psychological characteristics, perceived stress, and self-reported occupational and environmental exposures of women assigned aboard U.S. Navy ships and a comparison group of men aboard the same ships. This project utilized four primary data collection methods: (1) a questionnaire administered aboard ship for ships newly enrolled in the study during year two, (2) a follow-up questionnaire administered by mail to each individual who was surveyed during year one and who is still on active duty (3) ascertainment of sick call visits aboard ship, and (4) structured discussions with medical department staff.				
14. SUBJECT TERMS Military Women, Health care, Epidemiology, U.S. Navy Ships, Navy Medicine and Health Promotion Defense Women's Health Research Program			15. NUMBER OF PAGES 562	
			16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT Unclassified	18. SECURITY CLASSIFICATION OF THIS PAGE Unclassified	19. SECURITY CLASSIFICATION OF ABSTRACT Unclassified	20. LIMITATION OF ABSTRACT Limited	

FOREWORD

Opinions, interpretations, conclusions and recommendations are those of the author and are not necessarily endorsed by the U.S. Army.

_____ Where copyrighted material is quoted, permission has been obtained to use such material.

_____ Where material from documents designated for limited distribution is quoted, permission has been obtained to use the material.

_____ Citations of commercial organizations and trade names in this report do not constitute an official Department of the Army endorsement or approval of the products or services of these organizations.

_____ In conducting research using animals, the investigator(s) adhered to the "Guide for the Care and Use of Laboratory Animals," prepared by the Committee on Care and Use of Laboratory Animals of the Institute of Laboratory Animal Resources, National Research Council (NIH Publication No. 86-23, Revised 1985).

✓ _____ For the protection of human subjects, the investigator(s) have adhered to policies of applicable Federal Law 32 CFR 219 and 45 CFR 46.

_____ In conducting research utilizing recombinant DNA technology, the investigator(s) adhered to current guidelines promulgated by the National Institute of Health.

Frank C. Gerlach

Principal Investigator's Signature

18 Nov 96

Date

TABLE OF CONTENTS

VOLUME 1

Title Page	i
------------------	---

Section A: REQUIRED SUBMISSION DOCUMENTS

Standard Form 298	ii
Foreword	iii

Section B: TABLE OF CONTENTS

Table of Contents	iv
-------------------------	----

Section C: INTRODUCTION, METHODS, RESULTS, AND CONCLUSIONS

Abstract	1
1.0 Introduction	2
1.1 Women Aboard Ship	3
1.2 Issues Facing Women Aboard Ship	3
1.3 Overview of Accomplishments Prior to this Reporting Period	7
2.0 Methods	7
2.1 Maintenance of List of Ships Enrolled in the Study	8
2.2 U.S. Navy Shipboard Health Follow-up Survey Development	14
2.3 U.S. Navy Shipboard Health Follow-up Survey Administration	15
2.4 Sick Call Visit Ascertainment	15
2.5 Medical Department Structured Discussions Update	16
2.6 Development of Reports	16
3.0 Results	17
3.1 Results I: Accomplishments	17
3.1.1 U.S. Navy Shipboard Health Survey and Anonymous Health and Behavior Supplemental	17
3.1.2 Sick Call Data Obtained	23
3.1.3 Medical Department Structured Discussion Accomplishments	24
3.1.4 Report Development	26
3.2 Results II: Findings	30
3.2.1 Major Topic Area: Family Planning and Pregnancy Issues	31
3.2.2 Major Topic Area: Psychosocial Factors	32
3.2.3 Major Topic Area: Health Conditions and Life Style Factors	33
3.2.4 Major Topic Area: Population Demographics	34
4.0 Conclusions	35

Section D: REFERENCES

Bibliography	1
--------------------	---

APPENDICES

Appendix A

Briefings and Presentations, Workshops	A.1
--	-----

Appendix B

Report Topics and Analysis Plans	B.1
--	-----

Appendix C

Health Data Collection Instruments	C.1
C.1 Follow-up Survey Instrument, Form WA	
C.2 Follow-up Survey Instrument, Form MA	
C.3 Follow-up Survey Instrument, Form WB	
C.4 Follow-up Survey Instrument, Form MB	
C.5 Follow-up Survey Instrument, Form WC	
C.6 Follow-up Survey Instrument, Form MC	
C.7 Follow-up Survey Instrument, Form WD	
C.8 Follow-up Survey Instrument, Form MD	
C.9 TWA Flight 800 Recovery Instruments, Form WB G	
C.10 TWA Flight 800 Recovery Instruments, Form MB G	

VOLUME 2

Appendix D

Results

D.1	Contraceptive Use and Attitudes Toward Family Planning in Navy Enlisted Women and Men Marie D. Thomas, Ph.D. Patricia J. Thomas, M.S. Frank C. Garland, Ph.D.	D.1
D.2	Stress and Well-being of Women Serving Aboard Navy Ships James A. Martin, Ph.D., BCD Gregory A. Acevedo, M.S. Frank C. Garland, Ph.D.	D-18
D.3	Gender Differences in the Association Of Life Style Factors to the Prevalence and Symptoms of Migraines and Other Headaches Among Navy Personnel Deborah L. Wingard, Ph.D. Donna Kritz-Silverstein, Ph.D. Frank C. Garland, Ph.D.	D-38

D.4	The Association of Behavior and Life Style Factors With Menstrual Symptoms Donna Kritz-Silverstein, Ph.D. Deborah L. Wingard, Ph.D. Frank C. Garland, Ph.D.	D-49
D.5	Normative Comparisons of Psychological Symptomatology in Navy and Army Women and Men: Effects of Gender, Demographic Characteristics, and Deployment History Kathleen M. Wright, Ph.D. Frank C. Garland, Ph.D.	D-63
D.6	Availability of Gynecological Supplies and Other Issues Related to the Reporting Requirements of the Department of the Navy's Policy on Pregnancy Frank C. Garland, Ph.D. David Timberlake, M.P.H. Diana R. Simmes, M.P.H.	D-94
D.7	Descriptive Tables of Demographic Characteristics, Family Structure, Women's Health-related Issues, and Occupational Exposures of Personnel Participating in the U.S. Navy Women Aboard Ship Study Frank C. Garland, Ph.D. David Timberlake, M.P.H. Diana R. Simmes, M.P.H.	D-104
D.8	Expected Occurrence of Ectopic Pregnancies and Spontaneous Abortions During the First 20 Weeks of Pregnancy in Navy Women Serving Aboard Ship Frank C. Garland, Ph.D. Edward D. Gorham, M.P.H. Cedric F. Garland, Dr.P.H. D. Stephen Nice, Ph.D.	D-139
D.9	Organizational Influences on Gender Differences in Stress and Strain Aboard U.S. Navy Ships Ross R. Vickers, Jr., Ph.D. James A. Martin, Ph.D., BCD	D-151

ABSTRACT

Purpose. This is a final report for year two (FY 96) of a comprehensive epidemiologic research study of a large population of military women assigned to U.S. Navy ships. This multi-year project has been conducted under the Congressionally established Defense Women's Health Research Program (DWHRP). This study was designed to address aspects of the four major research topic areas specified in an Institute of Medicine Report which provided recommendations for research on the health of military women. These topic areas include factors affecting the health and performance of women serving aboard ship, psychological and health issues resulting from integration of women into a hierarchical male environment, health promotion and disease prevention, and access to and delivery of health care. The objectives of the study include descriptions of the health status, health care utilization patterns, health care needs, reproductive characteristics, birth control availability and pregnancy-related issues, psychological characteristics, perceived stress, and self-reported occupational and environmental exposures for women assigned aboard U.S. Navy ships and a comparison group of men aboard the same ships.

Methods. Year two of this project utilized four primary data collection methods: (1) a questionnaire administered aboard ship for personnel newly enrolled in the study during year two, (2) a follow up questionnaire administered by mail to each individual who was surveyed during year one and who is still on active duty, (3) ascertainment of sick call visits aboard ship, and (4) structured discussions with medical department staff. The population covered included all women serving aboard U.S. Navy ships, and an equal number of men matched on significant characteristics.

Results. During year two of this study, thirty ships with 1,845 women assigned aboard received the baseline survey portion of the study. These ships also provided sick call visit data, and medical department data via structured discussions. In addition, the year two Follow-up Survey, presented in Appendix C, has been administered to fourteen of the thirty-eight ships that were initially surveyed in year one selected on class and type of ship to obtain a representative sample. Additional report topics and analysis plans have been developed and are presented in Appendix B. The year two report topics have evolved out of the results obtained during year one of the study: Family Planning and Pregnancy Issues; Psychosocial Factors; Health Conditions and Life Style Factors; and Population Demographics.

Conclusions. The second year of this study has met the objectives of (1) expanding the proportion of women serving aboard ship who provided self-report information, along with a matched set of men, (2) obtaining sick call information, (3) conducting structured interviews with shipboard medical department staff, and (4) resurveying the participants from year one who are still on active duty. Year two research topics built upon results obtained during year one and year two of the study, and allowed the investigators to test new and existing hypotheses with the larger sample size (N=5,755).

Year two of this study addressed a wide range of women's health-related issues including family planning, pregnancy, and menstrual symptoms. More general health issues that were also addressed included migraines, stress, psychological symptomatology and occupational exposures. The component studies of this project have yielded important insights into these complex issues. Moreover, the study as a whole provides information which will help to ensure optimal health and readiness of all service members and will facilitate the policy development process. Topic specific conclusions are provided in reports (Appendix D) addressing the major areas covered in this report.

1.0 INTRODUCTION

In 1993, Congress mandated epidemiological studies of the health status, medical care, and occupational and environmental exposures of women in the military. In response to this mandate, the Naval Health Research Center in San Diego, California, initiated a study of the health status of women aboard Navy ships. This is a final report of the accomplishments of the second year of the study.

This project is part of the Defense Women's Health Research Program (DWHRP) which was Congressionally mandated in 1994 and 1995. The project is a comprehensive epidemiologic research study of a large population of women in the military in an operationally deployed situation - assignment to ships. The Congressional Committee that established the DWHRP in 1994 commended the Department of Defense in 1995 "... for its development of a program that focuses on epidemiologic research and database development; standards and policy issues; and solutions-oriented research". Specifically, the Committee stated that the 1995 program shall include "...epidemiologic research regarding women deployed for military operations, including research on patterns of illness and injury, environmental and occupational hazards (including exposure to toxins), side-effects of pharmaceuticals used by women so deployed, psychological stress associated with military training, deployment, combat and other traumatic incidents, and other conditions of life, and human factor research regarding women so deployed". This project was designed to meet these objectives.

At the request of the U.S. Army Medical Research and Materiel Command, the Institute of Medicine (IOM) convened a Committee on Defense Women's Health Research and developed a report entitled "Recommendations for Research on the Health of Military Women", published in August of 1995. This report provides recommendations which specify what the DWHRP research topic areas should be: (1) unique to military women, (2) especially prevalent among military women, and (3) related to the ability of women to perform their mission. The specific topic areas, which expand upon the Committee's recommendations for research, fall into four broad areas: (1) major factors affecting the health and work performance of military women, (2) psychological and health issues resulting from integration of women into a hierarchical male environment, or related to women and men living and working together in close quarters, (3) health promotion and disease prevention, and (4) access to and delivery of health care. The objectives of this comprehensive study touch on all of these major research areas.

1.1 Women Aboard Ship.

Women have been assigned to noncombatant ships since 1978. Currently, approximately 8,293 women serve aboard or are scheduled to serve aboard 92 U.S. Navy ships [1]. These numbers do not include women serving aboard auxiliary or hospital ships under the control of the Military Sealift Command. The Chief, Bureau of Naval Personnel (BUPERS) PERS-00W has developed assignment plans which will result in over 13,000 women serving aboard over 130 U.S. Navy ships by 1998. Since 1978, more than 35,000 women have served aboard U.S. Navy ships [1].

It is the goal of the Navy, as stated by the Chief of Naval Operations in 1995, to have all ship types, except submarines, open to women. Women aboard ships face a wide range of occupational issues that are exaggerated because of the intense industrial environment of a ship, the intensity of activity when deployed, long-term separation from home, and factors associated with social isolation and integration. This large number of unique occupational stressors facing women involved in non-traditional occupations makes the study of this population imperative both to guarantee a healthful work environment and to maintain force readiness.

Data derived from shipboard outpatient records, shipboard medical departments, and survey data will provide information of immediate relevance to health care for women aboard ships. This information will assist the Chief, Bureau of Medicine and Surgery (BUMED) and fleet decision-makers in several ways: (a) it will help define the personnel, resources, and training needed to meet the medical needs of women aboard Navy ships; (b) it will provide a scientific basis for making changes to the provision of medical care aboard ships to better meet the medical needs of deployed women and men, thus potentially improving effectiveness; (c) it will provide a basis for provisioning adequate quantities of contraceptives and medical supplies aboard ships to meet the needs of women; (d) it will provide an assessment of potential health hazards to personnel; (e) it will address whether more pre-deployment screening could reduce the need for medical evacuation; and (f) it will provide a scientific basis for design and implementation of interventions.

The continued development of a longitudinally followed cohort such as this will enhance the Navy's understanding of the primary issues facing women aboard ships, determine the magnitude of issues and their impact on readiness, and provide the information needed to take corrective action to maintain optimal well-being of military women and optimal military readiness at all times.

1.2 Issues Facing Women Aboard Ship.

Consultations with personnel at BUMED, BUPERS, Commander in Chief, U.S. Atlantic Fleet (CINCLANTFLT), Commander in Chief, U.S. Pacific Fleet (CINCPACFLT), and others have assisted in defining the major issues facing women aboard ship. Pregnancy-related issues are of paramount importance. The following paragraphs list the major issues associated with

women aboard ship that have emerged in discussions. These issues have been the basis for the approach that has been taken in this study and for defining the content of the data collection instruments that were used during the first and second years. These major issues, together with the preliminary results obtained during year one, have also been the basis for defining the specific research topics that have been pursued against the collected data throughout the second year of the project. Clearly, not all issues represented are of equal magnitude in terms of effects on fleet readiness, and this listing should not be construed as representing equality of thrust.

In keeping with the major research topic guidelines recommended by the IOM: (1) unique to military women, (2) especially prevalent among military women, (3) related to the ability of military women to perform their mission responsibilities, these major topic areas have been further subdivided into the following categories for this project: (1) occupational health; (2) health care delivery aboard ship; (3) pregnancy; (4) health promotion (diet and nutrition, physical exercise, tobacco and alcohol use, and preventive services); (5) psychosocial; and (6) family issues. A brief explanation of each of these topics and the issues involved is reiterated in this final report, and is presented in the following paragraphs.

Occupational health. The shipboard environment is intensely industrial. Women assigned to ships are exposed to a wide array of physical, chemical, and other occupational hazards. Many occupations currently held by women were traditionally filled by men. Women engaged in non-traditional occupations may be exposed to occupational stressors that may affect women differentially from men [2]. For example, repetitive biomechanical stressors associated with hand-tool operation and vibration may be associated with higher rates of some illnesses in women than in men in the same occupations [3]. Environmental exposure to solvents, pesticides and other toxins may have effects on reproductive health [4]. In addition to these exposures, risks associated with exposure to ionizing radiation and the potential effects of non-ionizing radiation (microwaves, electromagnetic fields) on women's reproductive health need further scrutiny [5,6]. Possible synergistic effects of multiple exposures also need to be quantified.

Health care delivery. Planning resources to provide optimal health care for a growing proportion of women serving aboard a wider range of ships presents a challenge for Navy medicine. Health care providers themselves believe that the increased presence of women on board may necessitate upgrading a ship's medical staff (i.e., a physician's assistant, rather than an independent duty corpsman, or a medical officer rather than a physician's assistant) [7,8]. Other research indicates that women are more likely to participate in regular Pap tests and mammography screening if the health care provider is a woman [9]. Since screening rates for cervical and breast cancer are considered markers of quality health care, such factors affecting women's utilization of preventive medical services need to be considered in planning for the full integration of women into the shipboard environment. Previous analyses have been reported on the needs for obstetrical (OB) and gynecological (GYN) care aboard the submarine tenders USS FRANK CABLE [7] and USS HUNLEY [8]. Hughey analyzed records of 222 women crew members associated with the USS FRANK CABLE, and determined that the women had 2,140 medical encounters for obstetrical or gynecological care and 176 routine prenatal OB visits during

710 woman years of military service, for a rate of 3.5 OB-GYN visits per year. The most common reasons for the visits were routine gynecological examinations (30 percent), sexually transmitted diseases (14 percent), and menstrual abnormalities (13 percent) [7].

Pregnancy. Women aboard ship are predominately of childbearing age and pregnancy is, therefore, a topic which deserves close attention. During a one-year period ending in June 1990, 98 documented pregnancies occurred among approximately 300 women crew members assigned to USS FRANK CABLE [7]. The Department of the Navy's Pregnancy Policy provides that pregnant service women must be transferred off ship by the 20th week of pregnancy, or sooner under a variety of circumstances [10]. Rates of pregnancy, determination of planned versus unplanned pregnancies, and underlying motivation for the timing of pregnancies are all issues needing further study. The rate of ectopic pregnancy in military populations has been described as 1 per 83 live births in an active-duty and dependent military population that received its health care at the U.S. Air Force Regional Medical Center in Wiesbaden, Germany [11]. This rate is significantly higher than the rate of 1 ectopic pregnancy per 100 live births in the general U.S. population [12]. The rates among active-duty enlisted personnel appeared to be particularly high in the Wiesbaden region, at 1 per 27 in the U.S. Army and 1 per 32 in the U.S. Air Force [11]. These data are important, since ectopic pregnancies may require rapid diagnosis and prompt surgical intervention, and account for 12 percent of maternal deaths [11].

Health promotion. Recognizing the role that personal health behaviors play in morbidity and mortality risks, the U.S. Navy has established a comprehensive Health Promotion Program [13] to foster the physical and emotional well-being of its personnel and to reduce the risks of adverse health outcomes. Within the broader context of health promotion, it is becoming well-documented that men and women differ in their risks for a variety of illnesses as well as in health-related behavior. These issues are particularly salient in the U.S. Navy shipboard environment where women's expanded roles are exposing them to new physical and psychological demands and potential health hazards.

Diet and nutrition. Shipboard food must meet Navy nutritional standards, but storage and space constraints on deployed ships limit the range of menu options available. In general, it has been reported that foods eaten away from home have lower nutrient densities and higher fat content than foods prepared and eaten at home [14]. While efforts are being made to offer more fresh produce and at least one low-fat entree choice at every meal in Navy mess halls and galleys, concern for the palatability and acceptability of military food has resulted in setting U.S. Navy nutritional standards at levels that exceed the recommended daily allowance (RDA) for fat (not to exceed 35% of total calories under garrison feeding conditions), salt (2 to 4 times the RDA for sodium), and protein (about twice the recommended daily amount) [15]. U.S. Navy nutritionists also acknowledge that female personnel may require supplemental iron to meet the recommended 18 mg/day for women [15]. Because women have different nutritional needs than men, particularly in micronutrients (e.g., iron, calcium) but require fewer calories, women aboard ship may find it difficult to meet their dietary needs and/or choices (e.g., more fresh produce, less fat, less sodium, less red meat) [16].

Physical exercise. Regular physical activity is essential for cardiovascular health, musculoskeletal strength and flexibility, and weight control [17]. It is important, therefore, that women aboard ship be provided with adequate facilities and sufficient time to engage in both aerobic and anaerobic exercise. In addition to its cardiovascular and weight-maintenance benefits, aerobic exercise has been found to improve mood profiles and self-esteem in women [18] and may help reduce their risk of certain cancers [19]. Weight-bearing exercises, such as walking or jogging, are especially important for women to help preserve bone density and prevent osteoporosis [19]. Anaerobic weight training should be included in the exercise regimen to help build and maintain muscle strength, which is critical for safely navigating the shipboard environment as well as performing a number of occupational specialties. It is significant in this regard that shipboard personnel have been found to have somewhat lower classification scores on the Navy's mandatory Physical Readiness Test (PRT) for sit-ups, push-ups, and overall PRT score than personnel in other communities [20].

Tobacco and alcohol use. Within the U.S. Navy community, both cigarette smoking and alcohol consumption were reported to be highest among personnel assigned to surface ships (women were not included in the study) [20]. The same study found that personnel in both surface ship and submarine communities consistently reported less positive feelings about their lives than did shore-based personnel [20]. Substance use and abuse are often associated with stress and negative moods, such as loneliness, boredom, and depression [21]. There is mounting evidence that women in stressful occupations may be at particular risk for substance use and abuse [22]. Women aboard ship may be at high risk for substance abuse, although this has not been documented. It is important to explore these relationships and their implications for preventive interventions.

Preventive services. Approximately one fourth of all visits to the sick bay aboard ship are for routine health services and preventive care [23]. The monthly visit rate for women is higher than for men which is attributable, in part, to female-specific procedures, such as Pap tests and contraceptive prescriptions [23]. Services associated with female reproductive health, such as pregnancy tests, birth control counseling and prescriptions, and screening and education programs for STDs, are important to women's health. Because of the alarming increase in STD rates nationally, and because untreated chlamydia, gonorrhea, and infections from other pathogens in women can result in infertility, ectopic pregnancy, and congenital problems in offspring, reducing the risks associated with STDs has become especially critical [11,24].

Psychosocial. Stress from a wide range of causes is a major occupational health problem for women [25], and many gender differences in health status may be associated with responses to stress. For example, depression, obsessive-compulsive disorders, and panic disorders have been reported to be more prevalent in women, while substance abuse, antisocial personality disorders, and suicide tend to be more frequent in men [26]. The stressors typical of shipboard life, such as separation from family, crowding, noise, and work intensity, may be compounded for women by their new role on board ship. As women are brought aboard some ships for the

first time, their status as a minority subgroup will be highlighted, and new job responsibilities and role expectations may test self-esteem and contribute to stress. On the other hand, job rewards, such as recognition and challenge, may mitigate the negative effects of work-related stress [27]. This study will include measures of the degree of stress experienced by women aboard ship, the coping strategies they employ, and the impact of stress on their health and quality of life. Because women generally report more reliance on social support networks than men [28,29], and because social support is linked to health, an important area of investigation will be the availability and utilization of social support in the shipboard milieu.

Family issues. Family separation issues will not be a major focus of this study. This important subject area will be covered through interactive proposals in association with Universities. As women begin to take on a larger role in today's military, it is essential to determine what impact this has on their families. Military-induced separation has been ranked by military spouses as the most dissatisfying aspect of military life [30-32]. To date, there has been little investigation specifically into the effects of separation of women in the military from their families. However, a study examining the effects of separation among civilian mothers of infants, children, and toddlers noted agitation during the separation period and depressed behavior and activity levels following the mother's return [33]. More research is needed, since studies to date indicate there is evidence that family factors influence retention. An important finding is that high-performing and successful military personnel are more likely to plan to remain in the military if they believe that the quality of military life for their children compares favorably with that of children in civilian life [34,35].

1.3 Overview of Accomplishments Prior to this Reporting Period.

During year one of this study thirty-eight ships with 6,072 women assigned aboard participated in the survey portion of the study, fifty two ships provided over 35,000 sick call visits, and thirty-seven ships provided 68 interviews of medical department personnel. Information collected as of October 30, 1995 for the first 4,337 shipboard personnel, 21,882 sick call visits, and 36 shipboard medical department interviews were analyzed and were reported in Year 1. Results were reported by the major topic areas of: Population Demographics, Family Structure, and Occupational Factors; Health Conditions and Health Perceptions; Psychosocial Factors; Health Care Delivery Aboard Ship; Pregnancy and Related Issues; Health Promotion, Wellness, and Life Style Issues; Sick Call Visits; as well as a separate report on the USS DWIGHT D. EISENHOWER (CVN-69), the first combatant ship in the Navy to deploy with women aboard.

2.0 METHODS

This project utilized four primary data collection methods: (1) a self-administered survey given aboard ship, (2) a self-administered Follow-up Survey, (3) ascertainment of sick call visits aboard ship, and (4) a structured discussion with medical department staff aboard ship. The

population covered includes all women serving aboard U.S. Navy ships, and an equal number of men matched on significant characteristics.

2.1 Maintenance of List of Ships Enrolled in the Study.

The process of identifying ships to be enrolled in this study that was designed during year one has been maintained. The list of all ships that have been or are presently eligible for inclusion in this multi-year study is presented in Table 1.

Table 1. A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF <u>PERSONNEL ASSIGNED</u>			PLAN YEAR
				WOMEN	MEN	TOTAL	
1	USS DWIGHT D. EISENHOWER (CVN 69)	AIRCRAFT CARRIER (NP)	NORFOLK, VA	524	4,476	5,000	95
2	USS FLINT (AE 32)	AMMUNITION SHIP	CONCORD, CA	83	271	354	95
3	USS MAUNA KEA (AE 22)	AMMUNITION SHIP	CONCORD, CA	25	196	221	95
4	USS SAFEGUARD (ARS 50)	SALVAGE SHIP	PEARL HARBOR, HI	28	82	110	95
5	USS SALVOR (ARS 52)	SALVAGE SHIP	PEARL HARBOR, HI	25	80	105	95
6	USS CIMARRON (AO 177)	OILER	PEARL HARBOR, HI	80	197	277	95
7	USS WILLAMETTE (AO 180)	OILER	PEARL HARBOR, HI	81	182	263	95
8	USS JOHN YOUNG (DD 973)	DESTROYER	SAN DIEGO, CA	25	311	336	95
9	USS CAPE COD (AD 43)	DESTROYER TENDER	SAN DIEGO, CA	429	1,136	1,565	95
10	USS MOUNT HOOD (AE 29)	AMMUNITION SHIP	CONCORD, CA	97	328	425	95
11	USS COMSTOCK (LSD 45)	DOCK LANDING SHIP	SAN DIEGO, CA	37	298	335	95
12	USS CURTIS WILBUR (DDG 54)	GUIDED MISSILE DESTROYER	SAN DIEGO, CA	23	328	351	95

Table 1. --Continued-- A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF PERSONNEL ASSIGNED			PLAN YEAR
				WOMEN	MEN	TOTAL	
13	USS CORONADO (AGF 11)	MISC COMMAND SHIP	SAN DIEGO, CA	63	602	665	95
14	USS RAINIER (AOE 7)	FAST COMBAT SUPPORT SHIP	BREMERTON, WA	74	507	581	95
15	USS SUPPLY (AOE 6)	FAST COMBAT SUPPORT SHIP	NORFOLK, VA	7	594	601	95
16	USS MONONGAHELA (AO 178)	OILER	NORFOLK, VA	98	202	300	95
17	USS GRASP (ARS 51)	SALVAGE SHIP	LITTLE CREEK, VA	27	87	114	95
18	USS GRAPPLE (ARS 53)	SALVAGE SHIP	LITTLE CREEK, VA	36	67	103	95
19	USS PLATTE (AO 186)	OILER	NORFOLK, VA	85	183	268	95
20	USS SANTA BARBARA (AE 28)	AMMUNITION SHIP	CHARLESTON, SC	89	294	383	95
21	USS MOUNT BAKER (AE 34)	AMMUNITION SHIP	CHARLESTON, SC	72	292	364	95
22	USS SHENANDOAH (AD 44)	DESTROYER TENDER	NORFOLK, VA	504	1,043	1,547	95
23	USS BARRY (DDG 53)	GUIDED MISSILE DESTROYER	NORFOLK, VA	22	321	343	95
24	USS FRANK CABLE (AS 40)	SUBMARINE TENDER	CHARLESTON, SC	311	923	1,234	95
25	USS YELLOWSTONE (AD 41)	DESTROYER TENDER	NORFOLK, VA	428	947	1,375	95
26	USS CAMDEN (AOE 2)	OILER	BREMERTON, WA	69	576	645	95
27	USS DETROIT (AOE 4)	FAST COMBAT SUPPORT SHIP	EARLE, NJ	66	549	615	95

Table 1. --Continued-- A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF <u>PERSONNEL ASSIGNED</u>			PLAN YEAR
				WOMEN	MEN	TOTAL	
28	USS DIXON (AS 37)	SUBMARINE TENDER	SAN DIEGO, CA	397	981	1,378	95
29	USS L. Y. SPEAR (AS 36)	SUBMARINE TENDER	NORFOLK, VA	395	1,037	1,432	95
30	USS KISKA (AE 35)	AMMUNITION SHIP	CONCORD, CA	76	321	397	95
31	USS LASALLE (AGF 3)	MISC COMMAND SHIP	GAETA, IT	57	403	460	95
32	USS SIMON LAKE (AS 33)	SUBMARINE TENDER	SARDINIA, IT	342	798	1,140	95
33	USS HOLLAND (AS 32)	SUBMARINE TENDER	GUAM	360	1,021	1,381	95
34	USS SHASTA (AE 33)	AMMUNITION SHIP	CONCORD, CA	78	334	412	95
35	USS EMORY S. LAND (AS 39)	SUBMARINE TENDER	NORFOLK, VA	507	1,084	1,591	95
36	USS MCKEE (AS 41)	SUBMARINE TENDER	SAN DIEGO, CA	438	1,128	1,566	95
37	USS MOUNT WHITNEY (LCC 20)	AMPHIBIOUS SHIP	NORFOLK, VA	93	587	680	95
38	USS SACRAMENTO (AOE 1)	FAST COMBAT SUPPORT SHIP	BREMERTON, WA	69	549	618	95
39	USS RUSHMORE (LSD 47)	AMPHIBIOUS DOCK LANDING SHIP	SAN DIEGO, CA	4	335	339	96
40	USS TORTUGA (LSD 46)	AMPHIBIOUS DOCK LANDING SHIP	LITTLE CREEK, VA	28	270	298	96
41	USS KEARSARGE (LHD 3)	AMPHIBIOUS ASSAULT (MP)	NORFOLK, VA	8	1,122	1,130	96
42	USS ARCTIC (AOE 8)	FAST COMBAT SUPPORT SHIP	NORFOLK, VA	103	445	548	96

Table 1. --Continued-- A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF PERSONNEL ASSIGNED			PLAN YEAR
				WOMEN	MEN	TOTAL	
43	USS ASHLAND (LSD 48)	AMPHIBIOUS DOCK LANDING SHIP	LITTLE CREEK, VA	37	287	324	96
44	USS BRISCOE (DD 977)	DESTROYER	NORFOLK, VA	40	276	316	96
45	USS HAYLER (DD 997)	DESTROYER	NORFOLK, VA	36	272	308	96
46	USS LABOON (DDG 58)	GUIDED MISSILE DESTROYER	NORFOLK, VA	17	307	324	96
47	USS MOOSBRUGGER (DD 980)	DESTROYER	MAYPORT, FL	21	282	303	96
48	USS DAVID R. RAY (DD 971)	DESTROYER	EVERETT, WA	4	298	302	96
49	USS KINKAID (DD 965)	DESTROYER	SAN DIEGO, CA	35	295	330	96
50	USS OLDENDORF (DD 972)	DESTROYER	SAN DIEGO, CA	4	311	315	96
51	USS ESSEX (LHD 2)	AMPHIBIOUS ASSAULT (MP)	SAN DIEGO, CA	11	1,114	1,125	96
52	USS ABRAHAM LINCOLN (CVN 72)	AIRCRAFT CARRIER (NP)	BREMERTON, WA	309	2,906	3,215	96
53	USS FLETCHER (DD 992)	DESTROYER	PEARL HARBOR, HI	37	311	348	96
54	USS CONSTELLATION (CV 64)	AIRCRAFT CARRIER	SAN DIEGO, CA	5	2,911	2,916	96
55	USS SEATTLE (AOE 3)	FAST COMBAT SUPPORT SHIP	EARLE, NJ	76	537	613	96
56	USS NIMITZ (CVN 68)	AIRCRAFT CARRIER (NP)	BREMERTON, WA	238	2,854	3,092	96
57	USS BUTTE (AE 27)	AMMUNITION SHIP	EARLE, NJ	39	303	342	96

Table 1. --Continued-- A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF PERSONNEL ASSIGNED			PLAN YEAR
				WOMEN	MEN	TOTAL	
58	USS SAIPAN (LHA 2)	AMPHIBIOUS ASSAULT (GP)	NORFOLK, VA	7	944	951	96
59	USS NASSAU (LHA 4)	AMPHIBIOUS ASSAULT (GP)	NORFOLK, VA	4	1,039	1,043	96
60	USS PAUL F. FOSTER (DD 964)	DESTROYER	EVERETT, WA	39	314	353	96
61	USS PELELIU (LHA 5)	AMPHIBIOUS ASSAULT (GP)	SAN DIEGO, CA	4	1,029	1,033	96
62	USS KITTY HAWK (CV 63)	AIRCRAFT CARRIER	SAN DIEGO, CA	33	3,178	3,211	96
63	USS BELLEAU WOOD (LHA 3)	AMPHIBIOUS ASSAULT (GP)	SASEBO, JA	3	1,075	1,078	96
64	USS BLUE RIDGE (LCC 19)	AMPHIBIOUS COMMAND SHIP	YOKOSUKA, JA	104	681	785	96
65	USS FORT MCHENRY (LSD 43)	AMPHIBIOUS DOCK LANDING SHIP	SASEBO, JA	32	275	307	96
66	USS BENFOLD (DDG 65)	GUIDED MISSILE DESTROYER	SAN DIEGO, CA	41	321	362	96
67	USS JOHN F. KENNEDY (CV 67)	AIRCRAFT CARRIER	MAYPORT, FL	169	2,434	2,603	96
68	USS MERRIMACK (AO 179)	OILER	NORFOLK, VA	93	185	278	96
69	USS TARAWA (LHA 1)	AMPHIBIOUS ASSAULT (GP)	SAN DIEGO, CA	6	944	950	96
70	USS JOHN C. STENNIS (CVN 74)	AIRCRAFT CARRIER (NP)	NORFOLK, VA	285	2,752	3,037	96
71	USS O'BANNON (DD 987)	DESTROYER	MAYPORT, FL	3	350	353	NP*
72	USS THE SULLIVANS (DDG 68)	GUIDED MISSILE DESTROYER	TBD	9	341	350	NP*

Table 1. --Continued-- A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF PERSONNEL ASSIGNED			PLAN YEAR
				WOMEN	MEN	TOTAL	
73	USS STUMP (DD 978)	DESTROYER	NORFOLK, VA	32	318	350	NP*
74	USS ROSS (DDG 71)	GUIDED MISSILE DESTROYER	TBD	2	348	350	NP*
75	USS BATAAN (LHD 5)	AMPHIBIOUS ASSAULT (MP)	NORFOLK, VA	2	1,128	1,130	NP*
76	USS ENTERPRISE (CVN 65)	AIRCRAFT CARRIER (NP)	NORFOLK, VA	1	3,214	3,215	NP*
77	USS GEORGE WASHINGTON (CVN 73)	AIRCRAFT CARRIER (NP)	NORFOLK, VA	4	3,086	3,090	NP*
78	USS MILIUS (DDG 69)	GUIDED MISSILE DESTROYER	NORFOLK, VA	12	325	337	NP*
79	USS HARRY S. TRUMAN (CVN 75)	AIRCRAFT CARRIER (NP)	NORFOLK, VA	9	3,081	3,090	NP*
80	USS T. ROOSEVELT (CVN 71)	AIRCRAFT CARRIER (NP)	NORFOLK, VA	3	3,087	3,090	NP*
81	USS HOPPER (DDG 70)	GUIDED MISSILE DESTROYER	SAN DIEGO, CA	4	346	350	NP*
82	USS BOXER (LHD 4)	AMPHIBIOUS ASSAULT (MP)	SAN DIEGO, CA	8	1,122	1,130	NP*
83	USS VELLA GULF (CG 72)	GUIDED MISSILE CRUISER	NORFOLK, VA	37	320	357	NP*
84	USS KILAUEA (AE 26)	AMMUNITION SHIP	CONCORD, CA	14	385	399	NP*
85	USS GOMPERS (AD 37)	DESTROYER TENDER	NORFOLK, VA	1	1,536	1,537	NP*
86	USS WASP (LHD 1)	AMPHIBIOUS ASSAULT (MP)	NORFOLK, VA	10	1,120	1,130	NP*
87	USS GUNSTON HALL (LDS 44)	AMPHIBIOUS DOCK LANDING SHIP	LITTLE CREEK, VA	37	298	335	NP*

Table 1. --Continued-- A Comprehensive Listing of Eligible U.S. Navy Ships, Ship Types, and Crew Sizes by Gender, U.S. Navy Women Aboard Ship Study, 15 NOV 1994 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	SHIP TYPE	HOME PORT	NUMBER OF <u>PERSONNEL ASSIGNED</u>			PLAN YEAR
				WOMEN	MEN	TOTAL	
88	USS PUGET SOUND (AS 37)	DESTROYER TENDER	NORFOLK, VA	5	1,055	1,060	NP*
89	USS GERMANTOWN (LSD 42)	DOCK LANDING SHIP	SASEBO, JA	8	327	335	NP*
90	USS CHANCELLORSVILLE (CG 62)	GUIDED MISSILE CRUISER	SAN DIEGO, CA	TBD	358	358	NP*
91	USS HIGGINS (DDG 76)	GUIDED MISSILE DESTROYER	SAN DIEGO, CA	TBD	350	350	NP*
92	USS DECATUR (DDG 73)	GUIDED MISSILE DESTROYER	SAN DIEGO, CA	TBD	350	350	NP*
	TOTALS			8,293	76,767	85,060	

*NP - Not Planned. Due to limited fiscal resources, these ships were not surveyed.

2.2 U.S. Navy Shipboard Health Follow-up Survey Development.

Several methods were used for the development of the U.S. Navy Shipboard Health Follow-up Survey; these included: (1) review of the year-one survey and the lessons learned during its initial use, (2) bringing together of subject-matter experts who were involved in the year one research in workshops, (3) elucidation of major issues and preliminary results requiring follow up questions, and (4) further review of Navy requirements concerning the level of women's health and access to health care.

Because a wide range of data elements are involved in the U.S. Navy Shipboard Health Follow-up Survey, a single survey instrument encompassing all elements would be too long for completion within a reasonable period of time. Therefore, a set of essential core items was identified for completion by all subjects, and the remainder of the data elements were divided among four versions of the instrument for each gender. The U.S. Navy Shipboard Health Follow-up Survey has four alternate forms for women; Forms Women-A, Women-B, Women-C, and Women-D as well as four alternate forms for men; Forms Men-A, Men-B, Men-C, and Men-D. (Appendix C contains a complete set of these forms.)

2.3 U.S. Navy Shipboard Health Follow-up Survey Administration.

Locating the Follow-up Survey Population. The year two Follow-up Survey was conducted as a mailing to individuals who were initially surveyed at least 12 months ago. Ships were scheduled based on ship class and type to obtain a representative sampling. A roster of the original (year one) survey respondents was compared with a current ship roster in order to determine whether the targeted individual was still on board ship or had been re-assigned to another duty station. If he or she was still on board, the Follow-up Survey was included in a packet sent to that ship. If the individual had been transferred, a follow-up packet was mailed to the individual's present command. If the individual was no longer on active duty, a note was added to the file that he or she was no longer on active duty and no further attempt was made at this point to follow-up.

Pilot Testing Plan for the Follow-up Survey. One ship was identified to pilot test the Follow-up Survey instrument. The Follow-up Survey was administered aboard the USS CORONADO in San Diego, California and the results were examined for clarity of questions, completeness of responses and general effectiveness of the instrument. The pilot survey was then converted to an electronic file and was examined for any unanticipated technical difficulties. The Follow-up Survey was adjusted based on the results of the pilot survey.

TWA Flight 800 Recovery Operations. A special version of the Follow-up Survey, which included questions related to post traumatic distress, was developed for the USS GRASP and the USS GRAPPLE, the two salvage ships involved with recovery of TWA Flight 800.

Medical Department Interview Update. A medical department guided discussion update was sent to the medical department of each ship at the same time the follow-up survey packets were sent or administered.

2.4 Sick Call Visit Ascertainment.

Two methods of ascertainment of sick call visits aboard ships were used in conjunction with each other during year two of this study. Initially, upon enrollment in this study, a ship was provided with a NHRC Sick Call Log. The ship implemented the use of the log immediately upon receipt and maintained the log until a site visit was accomplished. During the site visit, the second method of ascertaining sick call visits aboard ship was accomplished by downloading medical encounter data files which were entered into the Shipboard Automated Medical System (SAMS). If these files contained the data requested on the Sick Call Logs, the use of the Sick Call Logs was discontinued and SAMS was used as the primary source of data collection. If it was determined that the data files on SAMS were inadequate or incomplete, then both methods of data collection were employed.

2.5 Medical Department Structured Discussions Update.

Based on the results obtained during year one discussions with medical department personnel, a structured discussion update was developed and provided to the Medical Department when the Follow-up Survey instruments were provided. In addition, the year one (baseline) Medical Department Structured Discussion was conducted with each ship that was being surveyed for the first time during year two of the project.

Subjects. Eligible participants in this part of the study were U.S. Navy medical personnel serving aboard ship. Eligible participants included all the ship's medical department senior personnel. The titles of the eligible participants included: Senior Medical Officer (SMO), Medical Officer (MO), Independent Duty Corpsman (IDC), and Senior Medical Department Representative (SMDR).

Discussion guidelines. Discussion guidelines were used to elicit responses from participants. The interview was divided into seven sections: Human Resources, Fiscal and Equipment Resources, Automated Data Processing (ADP) Resources, Logs and Records, Morbidity and Incidence Data, Health Care Provider Issues, and Training and Education/Health Awareness. The Human Resources section asked about manpower resources allocated to the medical department. The Fiscal and Equipment Resources section asked about the adequacy of the medical department's budget, Authorized Medical Allowance List (AMAL), pregnancy testing, and solicits recommendations for AMAL changes to enhance the health care provided for women aboard ship. The ADP Resources section was designed to determine the level of computer sophistication and utilization of the Shipboard Automated Medical Systems (SAMS) in medical departments. The Logs and Records section identified the nature of record keeping in medical departments. The Morbidity and Incidence Data section attempted to determine the total medical department's daily caseload, female daily caseload, pregnancy testing and occurrence, sexually transmitted disease (STD) incidence, and medical evacuation (MEDEVAC) frequency. The Health Care Provider Issues section was designed to evaluate, from a provider's perspective, feelings about their ability to provide adequate health care for a ship's female patient population. This included the physical environment of the medical department, obstetrical and gynecological (OB/GYN) services, pregnancy testing, and contraceptive availability. The Training and Education/Health Awareness section was designed to provide information about the health training and education available aboard ship. Finally, medical department personnel, including health care providers, were asked for their "comments, concerns, and/or recommendations" and their opinion of the "major issues facing women aboard ship." The question asking for "comments, concerns, and/or recommendations" was asked once after the first half of the interview and again at the end of the interview.

2.6 Development of Reports.

During the first workshop of year two, collaborators met to discuss the preliminary results of the year one studies, to identify additional data to be gathered by incorporation into the year two

Follow-up Surveys, and to define specific hypotheses, topic areas and analysis plans for year two. Ten topic areas were defined, and proposed lead authors were identified. Since the time of that meeting, the participants have provided a review of the relevant literature in their proposed topic areas, as well as an abstract, hypotheses, detailed analysis plans including sample size calculations, and proposed statistical procedures for conducting their year two research. (Appendix B contains the proposed analysis plans from each lead author for the research topics.)

3.0 RESULTS

The final results for year two of the study indicate success in meeting the objectives and milestones set forth in the year two project plan. This section contains the final accomplishments regarding ships surveyed, sick call data obtained, and medical department personnel interviews conducted. It also contains a brief summary for each of the report topic areas of the year two study.

3.1 Results I: Accomplishments

3.1.1 U.S. Navy Shipboard Health Survey and Anonymous Health and Behavior Supplemental.

Status of ship surveys. A total of 30 additional ships have been surveyed during year two. Table 2 shows the 30 ships that have been surveyed for this reporting period and provides response rates by gender. For some of the ships that have been surveyed, response rates are not provided because data entry is still being performed.

Table 2. U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Ship type, Number of Surveys, and Response Rates by Gender, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER) (SHIP TYPE)	DATE OF SURVEY	NUMBER OF PERSONNEL ASSIGNED			PERSONNEL PARTICIPATING					
			WOMEN	MEN	TOTAL	WOMEN		MEN*		TOTAL	
			No.	%		No.	%	No.	%	No.	%
1	USS KEARSARGE (LHD 3) (AMPHIBIOUS ASSAULT (MP))	06 FEB 96	8	1,122	1,130	5	63	6	75	11	69
2	USS ARCTIC (AOE 8) (FAST COMBAT SUPPORT SHIP)	07 FEB 96	103	445	548	35	34	31	30	66	32

Table 2. --Continued-- U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Ship type, Number of Surveys, and Response Rates by Gender, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER) (SHIP TYPE)	DATE OF SURVEY	NUMBER OF PERSONNEL ASSIGNED			PERSONNEL PARTICIPATING					
			WOMEN	MEN	TOTAL	WOMEN		MEN*		TOTAL	
						No.	%	No.	%	No.	%
3	USS ASHLAND (LSD 48) (AMPHIBIOUS DOCK LANDING SHIP)	07 FEB 96	37	287	324	31	84	34	92	65	88
4	USS BRISCOE (DD 977) (DESTROYER)	07 FEB 96	40	276	316	30	75	30	75	60	5
5	USS HAYLER (DD 997) (DESTROYER)	08 FEB 96	36	272	308	22	61	26	72	48	67
6	USS LABOON (DDG 58) (GUIDED MISSILE DESTROYER)	08 FEB 96	17	307	324	10	59	8	47	18	53
7	USS MOOSBRUGGER (DD 980) (DESTROYER)	15 FEB 96	21	282	303	8	38	14	67	22	52
8	USS DAVID R. RAY (DD 971) (DESTROYER)	22 FEB 96	4	298	302	4	100	4	100	8	100
9	USS KINKAID (DD 965) (DESTROYER)	22 FEB 96	35	295	330	27	77	24	69	51	73
10	USS OLDENDORF (DD 972) (DESTROYER)	26 FEB 96	4	311	315	3	75	5	125	8	88
11	USS ESSEX (LHD 2) (AMPHIBIOUS ASSAULT (MP))	29 FEB 96	11	1,114	1,125	11	100	7	64	18	82
12	USS ABRAHAM LINCOLN (CVN 72) (AIRCRAFT CARRIER (NP))	17 MAR 96	309	2,906	3,215	240	78	249	81	489	79

Table 2. --Continued-- U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Ship type, Number of Surveys, and Response Rates by Gender, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER) (SHIP TYPE)	DATE OF SURVEY	NUMBER OF PERSONNEL ASSIGNED			PERSONNEL PARTICIPATING					
			WOMEN	MEN	TOTAL	WOMEN		MEN*		TOTAL	
						No.	%	No.	%	No.	%
13	USS FLETCHER (DD 992) (DESTROYER)	19 MAR 96	37	311	348	TBD	TBD	TBD	TBD	TBD	TBD
14	USS CONSTELLATION (CV 64) (AIRCRAFT CARRIER)	10 APR 96	5	2,911	2,916	3	60	4	80	7	70
15	USS SEATTLE (AOE 3) (FAST COMBAT SUPPORT SHIP)	23 APR 96	76	537	613	61	80	53	70	114	75
16	USS NIMITZ (CVN 68) (AIRCRAFT CARRIER (NP))	06 MAY 96	238	2,854	3,092	196	82	196	82	392	82
17	USS BUTTE (AE 27) (AMMUNITION SHIP)	15 MAY 96	39	303	342	24	62	23	59	47	60
18	USS NASSAU (LHA 4) (AMPHIBIOUS ASSAULT (MP))	10 JUN 96	4	1,039	1,043	4	100	2	50	6	75
19	USS PAUL F. FOSTER (DD 964) (DESTROYER)	19 JUN 96	39	314	353	11	28	11	28	22	28
20	USS SAIPAN (LHA 2) (AMPHIBIOUS ASSAULT (GP))	02 JUL 96	7	944	951	1	14	2	29	3	21
21	USS PELELIU (LHA 5) (AMPHIBIOUS ASSAULT (GP))	22 JUL 96	4	1,029	1,033	2	50	3	75	5	63

Table 2. --Continued-- U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Ship type, Number of Surveys, and Response Rates by Gender, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER) (SHIP TYPE)	DATE OF SURVEY	NUMBER OF PERSONNEL ASSIGNED			PERSONNEL PARTICIPATING					
			WOMEN	MEN	TOTAL	WOMEN		MEN*		TOTAL	
						No.	%	No.	%	No.	%
22	USS KITTY HAWK (CV 63) (AIRCRAFT CARRIER)	30 JUL 96	33	3,178	3,211	22	67	15	45	37	56
23	USS BELLEAU WOOD (LHA 3) (AMPHIBIOUS ASSAULT (GP))	08 AUG 96	8	1,075	1,083	7	88	6	75	13	81
24	USS BLUE RIDGE (LCC 19) (AMPHIBIOUS COMMAND SHIP)	08 AUG 96	104	681	785	73	70	31	30	104	50
25	USS FORT MCHENRY (LSD 43) (AMPHIBIOUS DOCK LANDING SHIP)	08 AUG 96	32	275	307	27	84	21	66	48	75
26	USS JOHN J. KENNEDY (CV 67) (AIRCRAFT CARRIER)	17 SEP 96	169	2,434	2,603	102	60	116	69	218	64
27	USS BENFOLD (DDG 65) (GUIDED MISSILE DESTROYER)	07 NOV 96	41	321	362	14	34	11	27	25	30
28	USS JOHN C. STENNIS (CVN 74) (AIRCRAFT CARRIER (NP))	20 NOV 96	285	2,752	3,037	176	62	157	55	333	58
29	USS MERRIMACK (AO 179) (OILER)	TBD	93	185	278	TBD	TBD	TBD	TBD	TBD	TBD

Table 2. --Continued-- U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Ship type, Number of Surveys, and Response Rates by Gender, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER) (SHIP TYPE)	DATE OF SURVEY	NUMBER OF PERSONNEL ASSIGNED			PERSONNEL PARTICIPATING					
			WOMEN	MEN	TOTAL	WOMEN		MEN*		TOTAL	
						No.	%	No.	%	No.	%
30	USS TARAWA (LHA 1) (AMPHIBIOUS ASSAULT (MP))	TBD	6	944	950	TBD	TBD	TBD	TBD	TBD	TBD
	TOTALS		1,845	30,002	31,847	1,149		2,690		3,839	
	MEDIAN						67		67		67

* One to one match, with two men eligible for each woman; participating percentage greater than 100.00 indicates more men participating at their request than originally selected. Total percentages do not take into account the additional men participating in the survey.

Table 3 shows the 30 ships that have completed the Anonymous Supplemental Health and Behavioral Survey during this reporting period and provides the response rate. For some ships that have been surveyed, response rates are not provided because data entry has not been completed.

Table 3. U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Anonymous Supplemental Health and Behavioral Survey, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	DATE OF SURVEY	NUMBER OF <u>PERSONNEL ASSIGNED</u>			<u>PERSONNEL PARTICIPATING</u>		
			WOMEN	MEN	TOTAL	TARGET (MEN+ WOMEN)	ACTUAL	%
1	USS KEARSARGE (LHD 3)	06 FEB 96	8	1,122	1,130	16	11	69
2	USS ARCTIC (AOE 8)	07 FEB 96	103	445	548	206	65	32
3	USS ASHLAND (LSD 48)	07 FEB 96	37	287	324	74	64	86
4	USS BRISCOE (DD 977)	07 FEB 96	40	276	316	80	59	74
5	USS HAYLER (DD 997)	08 FEB 96	36	272	308	72	49	68

Table 3. --Continued-- U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Anonymous Supplemental Health and Behavioral Survey, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	DATE OF SURVEY	NUMBER OF <u>PERSONNEL ASSIGNED</u>			<u>PERSONNEL PARTICIPATING</u> ACTUAL		
			WOMEN	MEN	TOTAL	TARGET (MEN+ WOMEN)	%	
6	USS LABOON (DDG 58)	08 FEB 96	17	307	324	34	17	50
7	USS MOOSBRUGGER (DD 980)	15 FEB 96	21	282	303	42	22	52
8	USS DAVID R. RAY (DD 971)	22 FEB 96	4	298	302	8	8	100
9	USS KINKAID (DD 965)	22 FEB 96	35	295	330	70	47	67
10	USS OLDENDORF (DD 972)	26 FEB 96	4	311	315	8	8	100
11	USS ESSEX (LHD 2)	29 FEB 96	11	1,114	1,125	22	18	82
12	USS ABRAHAM LINCOLN (CVN 72)	17 MAR 96	309	2,906	3,215	618	477	77
13	USS FLETCHER (DD 992)	19 MAR 96	37	311	348	74	TBD	TBD
14	USS CONSTELLATION (CV 64)	10 APR 96	5	2,911	2,916	10	7	70
15	USS SEATTLE (AOE 3)	23 APR 96	76	537	613	152	109	72
16	USS NIMITZ (CVN 68)	06 MAY 96	238	2,854	3,092	476	393	83
17	USS BUTTE (AE 27)	15 MAY 96	39	303	342	78	47	60
18	USS NASSAU (LHA 4)	10 JUN 96	4	1,039	1,043	8	5	63
19	USS PAUL F. FOSTER (DD 964)	19 JUN 96	39	314	353	78	22	28
20	USS SAIPAN (LHA 2)	02 JUL 96	7	944	951	14	3	21

Table 3. --Continued-- U.S. Navy Ships Surveyed Using U.S. Navy Shipboard Health Survey, Anonymous Supplemental Health and Behavioral Survey, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	DATE OF SURVEY	NUMBER OF <u>PERSONNEL ASSIGNED</u>			<u>PERSONNEL PARTICIPATING</u> ACTUAL		
			WOMEN	MEN	TOTAL	TARGET (MEN+ WOMEN)	%	
21	USS PELELIU (LHA 5)	22 JUL 96	4	1,029	1,033	8	5	63
22	USS KITTY HAWK (CV 63)	30 JUL 96	33	3,178	3,211	66	37	56
23	USS BELLEAU WOOD (LHA 3)	08 AUG 96	8	1,075	1,083	16	13	81
24	USS BLUE RIDGE (LCC 19)	08 AUG 96	104	681	785	208	101	49
25	USS FORT MCHENRY (LSD 43)	08 AUG 96	32	275	307	64	47	73
26	USS JOHN F. KENNEDY (CV 67)	17 SEP 96	169	2,434	2,603	338	214	63
27	USS BENFOLD (DDG 65)	07 NOV 96	41	321	362	82	25	30
28	USS JOHN C. STENNIS (CVN 74)	20 NOV 96	285	2,752	3,037	570	333	58
29	USS MERRIMACK (A0 179)	TBD	93	185	278	186	TBD	TBD
30	USS TARAUA (LHA 1)	TBD	6	944	950	12	TBD	TBD
	TOTALS		1,845	30,002	31,847	3,690	2,206	
	MEDIAN							63

3.1.2 Sick Call Data Obtained.

Sick call data has been obtained from 17 ships surveyed during year two, as listed in Table 4. The source of data and the period of collection are also listed by ship.

Table 4. Sick Call Encounters by Ship and Source of Encounter, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP	PERIOD AND SOURCE OF ENCOUNTER DATA	
		SAMS	SICK CALL LOG
1	USS RUSHMORE	03/01/93 - 01/08/96	01/12/96 - 07/06/96
2	USS TORTUGA	01/01/92 - 12/31/94	06/06/95 - 06/05/96
3	USS KEARSARGE		01/08/96 - 07/13/96
4	USS LABOON	10/07/93 - 02/08/96	
5	USS KINKAID		02/08/96 - 02/22/96
6	USS OLDENDORF	11/20/91 - 02/16/96	
7	USS CONSTELLATION		03/05/96 - 07/15/96
8	USS SEATTLE		04/01/96 - 04/30/96
9	USS NIMITZ		01/01/96 - 06/01/96
10	USS BELLEAU WOOD		01/26/96 - 4/22/96
11	USS ARCTIC		02/28/96 - 08/28/96
12	USS ASHLAND		07/01/95 - 05/28/96
13	USS ESSEX		02/06/96 - 08/30/96
14	USS SAIPAN		06/12/96 - 09/30/96
15	USS PELELIU		06/10/96 - 09/26/96
16	USS BLUE RIDGE	06/28/95 - 08/06/96	07/16/96 - 09/30/96
17	USS MERRIMACK		06/01/95 - 09/30/95

3.1.3 Medical Department Structured Discussion Accomplishments.

Medical department personnel who participated in these discussions served aboard U.S. Navy ships where men and women were assigned for duty. Table 5 shows the ships and the dates on which the medical department discussions were completed and the categories of medical department personnel who participated in the discussions during the reporting period.

Table 5. U.S. Navy Ships Providing Medical Department Guided Discussions, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	NUMBER OF PERSONNEL ASSIGNED			DATE OF DISCUSSIONS	NUMBER OF PERSONNEL PARTICIPATING*			
		WOMEN	MEN	TOTAL		MC	MSC	NC	HM
1	USS BRISCOE (DD 977)	40	276	316	05 FEB 96				2
2	USS KEARSARGE (LHD 3)	8	1122	1130	06 FEB 96	1			1
3	USS ASHLAND (LSD 48)	37	287	324	07 FEB 96	1			1
4	USS LABOON (DDG 58)	17	307	324	08 FEB 96				1
5	USS MOOSBRUGGER (DD 980)	21	282	303	15 FEB 96				1
6	USS DAVID R. RAY (DD 971)	4	298	302	22 FEB 96				1
7	USS KINKAID (DD 965)	35	295	330	22 FEB 96				1
8	USS OLDENDORF (DD 972)	4	311	315	24 FEB 96				2
9	USS ESSEX (LHD 2)	11	1114	1125	26 FEB 96				1
10	USS FLETCHER (DD 992)	37	311	348	19 MAR 96				1
11	USS CONSTELLATION (CV 64)	5	2911	2916	10 APR 96		2		1
12	USS ABRAHAM LINCOLN (CVN 72)	309	2906	3215	16 APR 96				1
13	USS SEATTLE (AOE 3)	76	537	613	23 APR 96				1
14	USS NIMITZ (CVN 68)	238	2854	3092	06 MAY 96	5	1	1	2
15	USS NASSAU (DD 965)	4	1039	1043	04 JUN 96	1	1		2
16	USS SAIPAN (LHA2)	7	944	951	25 JUL 96	1			1

Table 5. --Continued-- U.S. Navy Ships Providing Medical Department Guided Discussions, U.S. Navy Women Aboard Ship Study, 01 FEB 1996 - 31 DEC 1996.

	NAME OF SHIP (HULL NUMBER)	NUMBER OF PERSONNEL ASSIGNED			DATE OF DISCUSSIONS	NUMBER OF PERSONNEL PARTICIPATING*			
		WOMEN	MEN	TOTAL		MC	MSC	NC	HM
17	USS KITTY HAWK (CV 63)	33	3,178	3,211	30 JUL 96	1			1
18	USS FORT McHENRY (LSD 43)	32	275	307	06 AUG 96	1			1
19	USS BLUE RIDGE (LCC 19)	104	681	785	07 AUG 96				1
20	USS PELELIU (LHA 5)	4	1,029	1,033	21 AUG 96	1			1
21	USS BELLEAU WOOD (LHA 3)	3	1,075	1,078	28 AUG 96	1			1
22	USS JOHN F. KENNEDY (CV 67)	169	2,434	2,603	09 SEP 96	1	1		
23	USS BENFOLD (DDG 65)	41	321	362	26 SEP 96				1
24	USS JOHN C. STENNIS (CVN 74)	285	2,752	3,037	20 NOV 96	1			1
25	USS TARAWA (LHA 1)	6	944	950	TBD				
26	USS MERRIMACK	93	185	278	TBD				
	TOTALS	1,623	28,668	30,291		15	5	1	27

* MC = Medical Corps; MSC = Medical Service Corps; NC = Nurse Corps;
HM = Hospital Corpsman

3.1.4 Report Development.

This section lists the report topics that were defined for study during year two. Appendix B contains the abstract, hypothesis, analysis plan, and literature review for each of the research reports.

- (1) **Report Topic:** Contraceptive Use and Attitudes Towards Family Planning in Navy Enlisted Women and Men.
Proposed Lead Authors: Marie D. Thomas, Ph.D., Patricia J. Thomas, M.S., and Frank C. Garland, Ph.D.

The year two report will discuss the replication of analyses performed in year one using an expanded sample of enlisted women. Where possible, comparisons will be made to data gathered with shore-based samples of Navy women. Responses to items on contraception and family planning attitudes that were added to the year one surveys will also be presented, using both the male and female samples. In addition to the descriptive statistics, the relationships among contraception use, psychosocial stress, life style behaviors, and pregnancy will be explored.

- (2) **Report Topic:** Organizational Influences on Gender Differences in Stress and Strain Aboard U.S. Navy Ships.
Proposed Lead Authors: Ross R. Vickers, Jr., Ph.D. and James A. Martin, Ph.D., BCD

Women aboard U.S. Navy ships report slightly higher stress and strain than men aboard the same ships. The present study demonstrated that this trend is magnified aboard some ships and in some Navy ratings, but reversed in other ratings. Ship effects occurred because women aboard some ships reported higher than average stress, while men aboard the same ships reported lower than average stress. Rating effects occurred because men reported lower than average stress in some jobs commonly held by women (e.g., storekeeper), but higher than average stress in some traditionally male jobs (e.g., signalman, quartermaster). Women reported average stress in each job. The processes underlying gender differences may be different in each ship or rating. This inference derives from the fact that different combinations of stress indicators were affected on each ship and in each rating. Ship assignment and rating should be considered to fully understand Navy gender differences in stress, but studies of specific ships and ratings will be needed to understand the processes producing those gender differences

- (3) **Report Topic:** Stress and Well-being of Women Serving Aboard Navy Ships.
Proposed Lead Authors: James A. Martin, Ph.D.,BCD, Gregory A. Acevedo, M.S., and Frank C. Garland, Ph.D.

This collaborative effort is focused on analyses of military related psychosocial stress factors and their relationship to physical and psychological health, personal and family well being, and duty performance of personnel in the Women Aboard Navy Ships study. This effort includes the validation of a brief survey measure of psychological distress for use in large scale Navy surveys where space and subject burden are of concern. This effort makes use of the complete year 1 data and builds on an earlier analysis of psychosocial data from the first phase of data collection. Within rank and gender comparisons will be used

go examine the impact of duty (and other military related) stressors on various aspects of psychosocial health, well being, and perceived military performance. Initial analysis demonstrated some across rank and gender differences, but only a few, minor within rank and gender group differences for a variety of biopsychosocial outcomes measures. This effort expands the earlier analysis to include a variety of perceived and objective health outcomes.

- (4) **Report Topic:** Occupational and Environmental Factors Associated with Upper Respiratory Disease Symptoms Among Active Duty Men and Women Aboard U.S. Navy Ships.

Proposed Lead Authors: Edward D. Gorham, M.P.H., Cedric F. Garland, Dr. P.H., Abram S. Benenson, M.D., Frank C. Garland, Ph.D., Gregory C. Gray, CDR, MC, USN, Deborah L. Wingard, Ph.D., Craig A. Molgaard, Ph.D., and David Macky, Ph.D.

The second year analysis plans in this study will build upon year one analyses of occupational and environmental exposures and upper respiratory infection (URI) symptoms with the addition of sick call visit discharge diagnoses. These diagnoses will include ICD-9 codes 461-466, and 480, which corresponds to URIs due to a variety of viral agents, including parainfluenza viruses, adenoviruses, rhinoviruses respiratory syncytial virus, and some coronaviruses, coxsackievirus, and echoviruses.

- (5) **Report Topic:** Gender Differences in Predicting Cigarette Smoking Among Navy Shipboard Women and Men.

Proposed Lead Author: Terry L. Conway, Ph.D., and Frank C. Garland, Ph.D.

The Department of the Navy emphasizes the need for healthful life styles and reduction of health risk factors as a part of on going health promotion efforts. One area of considerable concern is tobacco use because military personnel are more likely than their civilian counterparts to smoke. Research has show that men and women have different experiences in smoking initiation, maintenance, and cessation; thus, specialized interventions to help women and men may be warranted. The primary objectives of this paper will focus on determining correlates of current tobacco use and intentions to smoke a year from now. Understanding the factors associated with tobacco use, including differences in men and women, should help provide information useful for designing more effective interventions to reduce tobacco use among Navy shipboard personnel.

- (6) **Report Topic:** Gender Differences in the Association of Life Style Factors to the Prevalence and Symptoms of Migraines and other Headaches Among Navy Personnel.
Proposed Lead Authors: Deborah L. Wingard, Ph.D., Donna Kritz-Silverstein, Ph.D., and Frank C. Garland, Ph.D.

During year two, gender differences in (a) the experience of migraines and other headaches, and, if time permits, (b) injury rates within specific job classifications, will be investigated.

- (7) **Report Topic:** The Association of Behavior and Life Style Factors with Menstrual Symptoms.
Proposed Lead Authors: Donna Kritz-Silverstein, Ph.D., Deborah L. Wingard, Ph.D., and Frank C. Garland, Ph.D.

This study is designed to expand on previous studies. It will examine the association of obesity, cigarette smoking, alcohol consumption and exercise with the prevalence of menstrual cycle disorders among a large population based sample of women in the Navy.

- (8) **Report Topic:** Predicting the Health of Navy Service Women and Men.
Proposed Lead Authors: Dorothy J. Jeffreys, Ph.D., Theresa Russo, Ph.D. and Frank C. Garland, Ph.D.

This study will investigate the appropriateness of different models for predicting the physical and/or emotional health by family composition, developmental stage of children and gender for Navy service members assigned to ships. Other factors hypothesized to affect the service members' health are stress, distress, and formal and informal supports. Covariates also believed to affect the service members' health are demographic (e.g., age, race, and education), and military information (e.g., paygrade, length of service, and deployment).

- (9) **Report Topic:** Normative Comparisons of Psychological Symptomatology in Navy and Army Women and Men: Effects of Gender, Demographic Characteristics, and Deployment History
Proposed Lead Authors: Kathleen M. Wright, Ph.D. and Frank C. Garland, Ph.D.

This study will address establishing appropriate symptom norms for service members and compare the effects of deployment for large sample across a wide variety of operations.

- (10) **Report Topic:** Availability of Gynecological Supplies and Other Issues Related to the Reporting Requirements of the Department of the Navy's Policy on Pregnancy.
Proposed Lead Authors: Frank C. Garland, Ph.D., David Timberlake, M.P.H., and Diana R. Simmes, M.P.H.

This year two report will address issues pertinent to the Department of the Navy's Policy on Pregnancy, including the availability of gynecological supplies, counseling, and gynecological appointments.

- (11) **Report Topic:** Descriptive Tables of Demographic Characteristics, Family Structure, Women's Health Related Issues, and Occupational Exposures of Personnel Participating in the U.S. Navy Women Aboard Ship Study.
Proposed Lead Authors: Frank C. Garland, Ph.D., David Timberlake, M.P.H., and Diana R. Simmes, M.P.H.

This report will present demographic and other characteristics of the population participating in the U.S. Navy Women Aboard Ship Study, a project conducted as part of the Defense Women's Health Research Program. This tabular presentation will focus on 4 topic areas: (1) demographic characteristics, (2) family structure, (3) women's health-related issues, and (4) occupational exposures.

- (12) **Report Topic:** Expected Occurrence of Ectopic Pregnancies and Spontaneous Abortions During the First 20 Weeks of Pregnancy in Navy Women Serving Aboard Ship.
Proposed Lead Author: Frank C. Garland, Ph.D., Edward D. Gorham, M.P.H., Cedric F. Garland, Dr. P.H., D. Stephen Nice, Ph.D.

In order to determine the expected number of ectopic pregnancies and spontaneous abortions in the first 20 weeks of pregnancy in women aboard ship, data were obtained from three studies of reproductive outcomes in active-duty U.S. Navy women: (1) the Hospitalized Pregnancy Study, (2) the Women Aboard Ship Study, and (3) the Enlisted Personnel Pregnancy Study. Each study had unique advantages for the purpose of estimation of expected numbers of events. The overall pregnancy rate in women assigned aboard ship in the 53 ships available from the Women Aboard Ship Study was 19 per 100 woman-years, with the highest mean rates reported for submarine tenders (27 per 100 woman-years) and the lowest mean rates for amphibious assault ships (0 per 100 woman-years).

3.2 Results II: Findings

This section presents brief summaries of year two study results grouped by major topic area. Full reports are presented in Appendix D.

3.2.1 Major Topic Area: Family Planning and Pregnancy Issues

Report Summary: Contraceptive Use and Attitudes Towards Family Planning in Navy Enlisted Women and Men (Appendix D.1).

In addition to the Women Aboard Navy Ships survey package completed by over 5,700 personnel assigned aboard U.S. Navy ships, 714 enlisted women and 665 enlisted men on 15 ships completed a Family Planning Supplement, which assessed use of contraception and attitudes toward family planning. For this sample, contraceptive use was related to age and marital status, with young unmarried personnel more likely to take measures to prevent pregnancy than their older married shipmates. More favorable family planning attitudes were related to contraceptive use. Depression, shipboard stress, or job quality of life were not related to use of birth control. Women and men differed in their attitudes toward family planning, with women's responses more positive than men's.

Report Summary: Availability of Gynecological Supplies and Other Issues Related to the Reporting Requirements of the Department of the Navy's Policy on Pregnancy (Appendix D.6).

This report addresses issues pertinent to the Department of Navy's Policy on Pregnancy. The U.S. Navy Shipboard Health Survey and the Anonymous Supplemental Health and Behavioral Survey were administered as part of the U.S. Navy Women Aboard Ship Study. A total of 2,914 women provided information pertaining to the availability of gynecological supplies, counseling, and gynecological appointments. A majority of the women who needed birth control pills, 82.4%, either agreed or strongly agreed that birth control pills were readily available. In contrast, only 7.8% of the women either disagreed or strongly disagreed that birth control pills were readily available. 63.2 % percent of the women who needed counseling for birth control methods either agreed or strongly agreed that such counseling was readily available. In contrast, 12.2% of the women surveyed either disagreed or strongly disagreed that counseling for birth control methods was readily available. A total of 2,739 women provided information pertaining to pregnancy in the Anonymous Supplemental Health and Behavioral Survey. Of the 391 total women who suspected being pregnant, 274 (70.1%) women had a pregnancy test. Of the 66 total women who suspected being pregnant and had a positive test result, 57 (86.4%) women informed their commanding officer.

Report Summary: Expected Occurrence of Ectopic Pregnancies and Spontaneous Abortions During the First 20 Weeks of Pregnancy in Navy Women Serving Aboard Ship (Appendix D.8)

In order to determine the expected number of ectopic pregnancies and spontaneous abortions in the first 20 weeks of pregnancy in women aboard ship, data were obtained from three studies of reproductive outcomes in active-duty U.S. Navy women: (1) the Hospitalized Pregnancy Study, (2) the Women Aboard Ship Study, and (3) the Enlisted Personnel Pregnancy Study. Each study had unique advantages for the purpose of estimation of expected numbers of events. The overall pregnancy rate in women assigned aboard ship in the 53 ships available from the Women Aboard Ship Study was 19 per 100 woman-years, with the highest mean rates reported for submarine tenders (27 per 100 woman-years) and the lowest mean rates for amphibious assault ships (0 per 100 woman-years).

3.2.2 Major Topic Area: Psychosocial Factors.

Report Summary: Stress and Well-being of Women Serving Aboard Navy Ships (Appendix D.2).

This report highlights descriptive psychosocial information from an important longitudinal study of the health and well-being of women assigned aboard Navy ships. Women's increasing presence and evolving roles in the Navy makes this research important for Navy women and for overall military readiness. The experiences of these women were compared to the experiences of a matched sample of Navy men across both the enlisted and officer ranks. Over 40% of the men and women in this sample reported "quite a bit" or "an extreme amount" of stress in their current life with enlisted women reporting slightly more stress than enlisted men. However, the percentage of women officers reporting stress specifically associated with being aboard ship is less than the percentage for male officers. Additionally, men and women report that they are coping well with the stress, and that stress did not diminish their duty performance or personal life.

Report Summary: Normative Comparisons of Psychological Symptomatology in Navy and Army Women and Men: Effects of Gender, Demographic Characteristics and Deployment History (Appendix D.5).

This report describes the results of administration of the Brief Symptom Inventory (BSI) aboard U.S. Navy ships as a part of the Navy Women Aboard Ships Study. The BSI is a standardized instrument that measures psychological symptoms. It was administered to a 20% probability sample of women aboard 36 US. Navy ships during 1994-1996 and a comparison group of men, matched to the women on ship, work division, department, race (white, black, Hispanic, or other), paygrade, occupational rating, and date of birth. Overall, women scored significantly higher than men on the somatization, depression,

interpersonal sensitivity, and psychological trauma subscales, and on an index of general severity of psychological symptoms (GSI). Women who had deployed scored significantly lower than men who had deployed on obsessive-compulsive and hostility symptoms. There were no significant differences, however, between women and men who had deployed to the same location. The demographic comparisons revealed that women scored significantly higher on the GSI than men in the 19 and 24 year old age groups, the E - 2 and E - 4 pay grades, high school graduate and some college educational levels, and Pacific Islander and Native American ethnic groups, although the ethnic group differences should be interpreted with caution given the small sample sizes. Results of a stepwise multiple regression indicated that lower rank and ethnic group remained significant predictors of psychological distress for women. The only significant predictor for men was lower rank. Gender differences on psychological symptoms related to deployment history and demographic characteristics were also compared with several large Army data bases.

Report Summary: Organizational Influences on Gender Differences in Stress and Strain Aboard U.S. Navy Ships (Appendix D.9).

The present study found that Women aboard U.S. Navy ships report slightly higher stress and strain than men aboard the same ships, and that this trend is magnified aboard some ships and in some Navy ratings, but reversed in other ratings. Ship effects occurred because women aboard some ships reported higher than average stress, while men aboard the same ships reported lower than average stress. Rating effects occurred because men reported lower than average stress in some jobs commonly held by women (e.g., storekeeper), but higher than average stress in some traditionally male jobs (e.g., signalman, quartermaster). Women reported average stress in each of these jobs. The processes underlying gender differences may be different in each ship or rating. This inference derives from the fact that different combinations of stress indicators were affected on each ship and in each rating. Ship assignment and rating were investigated to determine gender differences in stress. Studies of specific ships and ratings will be needed to understand the processes producing such gender differences.

3.2.3 Major Topic Area: Health Conditions and Life Style Factors.

Report Summary: Gender Differences in the Association of Life Style Factors to the Prevalence and Symptoms of Migraines and Other Headaches Among Navy Personnel (Appendix D.3).

Many studies have noted that women report more headaches than men, and that migraines in particular occur most frequently among women between the ages of 25 and 55 years. However, relatively few studies have examined the association between life style characteristics and headaches of any type. Using data from a cross-sectional survey of 2,841 men and 2,914 women in the Navy between 1995 and 1996, the present study confirms a significant female excess in the prevalence of headaches and migraines, without

evidence of a gender difference in the presence or absence of an association between life style variables and headaches. The present study also suggested an increased risk of headaches associated with cigarette smoking and short sleep duration among both men and women, but no association with alcohol consumption, exercise, or obesity.

Report Summary: The Association of Behavior and Life Style Factors with Menstrual Symptoms (Appendix D.4).

It has been estimated that 50-85% of women in the United States currently having menstrual periods experience dysmenorrhea and other menstrual or premenstrual symptoms, and that 3.5-7 million are incapacitated for one to two days each month because of these symptoms. Previous studies examining the association of behavioral and life style factors such as obesity, cigarette smoking, alcohol consumption and exercise with menstrual symptoms have yielded inconsistent results, with some showing a positive association and others showing either no association or a negative association. Because these life style factors are all potentially modifiable, the demonstration and elucidation of their associations with menstrual symptoms represents an important avenue of research. Most previous studies of the association of life style variables with menstrual disorders have relied on small clinic- or physician-based samples of women, or small samples of college students. There have been relatively few large, population-based studies of the association of behavioral and life style variables with dysmenorrhea or other menstrual symptoms. The present study examined the association of obesity, cigarette smoking, alcohol consumption and exercise with the prevalence of menstrual cycle disorders in a large population-based sample of women in the Navy. After adjustment for age and other potentially confounding covariates, current cigarette smoking was associated with increased risk of all menstrual symptoms and cycle disorders. Obesity, exercise and alcohol consumption did not show consistent associations with menstrual symptoms or cycle disorders. Results suggested that interventions targeted at smoking cessation might be useful to reduce the prevalence of menstrual symptoms, cycle disorders and time lost from work.

3.2.4 Major Topic Area: Population Demographics.

Report Summary: Descriptive Tables of Demographic Characteristics, Family Structure, Women's Health Related Issues, and Occupational Exposures of Personnel Participating in the U.S. Navy Women Aboard Ship Study (Appendix D.7).

This report presents demographic and other characteristics of the population participating in the U.S. Navy Women Aboard Ship Study, a project conducted as part of the Defense Women's Health Research Program. This tabular presentation focuses on 4 topic areas: (1) demographic characteristics, (2) family structure, (3) women's health-related issues, and (4) occupational exposures. The population (N= 5,755) was predominately young (age < 30 years); approximately 50% were white and 30% were black. The population consisted

of 95.3% enlisted personnel, 0.1% warrant officers, and 4.6% officers. The majority of the population, 62.9%, had served 3 years or less aboard ship. The number of years served aboard ship varied by gender, as indicated by 73.8% of women and 51.6% of men having served 3 years or less. Marital status varied by gender; 49.1% of men reported not being currently married compared to 66.2% of women reporting not currently being married. Nearly three-fourths (72.1%) of married personnel reported having one or more children in their household. For all respondents, 14.3% of women and 7.0% of men reported being single parents. Women's health issues addressed in this report covered self-reported medical conditions and availability of Ob/Gyn supplies. The majority of women, (83.3%) reported not having been medically screened prior to deployment. The majority of women agreed that counseling for a range of medically-related issues was available. Availability of protective gear (i.e., gloves, respirators, ear plugs) for use in current job, proper fit of protective gear, use of protective gear when needed, and interference from the gear with ability to perform work are also reported.

4.0 CONCLUSIONS

The second year of this study has met the objectives of (1) expanding the proportion of women who provided self-report information along with a matched set of men serving aboard ship, (2) obtaining sick call information, (3) conducting structured interviews without shipboard medical department staff, and (4) resurveying the participants of year one who are still on active duty. Year two research topics reflected a sample of the results obtained during year one and year two of the study and allowed the investigators to refine their hypotheses with the larger sample size (N=5,755).

Year two of this study has addressed a wide range of women's health-related issues including family planning, pregnancy, and menstrual symptoms. More general health issues that were also addressed included migraines, stress, psychological symptomatology and occupational exposures. The component studies of this project have yielded important insights into these complex issues. Moreover, the study as a whole provided information which will help to insure optimal health and readiness of all service members and will facilitate the policy development process. Topic-specific conclusions are provided in reports (Appendix D) addressing the major areas covered in this report.

BIBLIOGRAPHY

1. Navy Bureau of Personnel, BUPERS 409. Personal communication, 1996.
2. Wool CA, Barsky AJ. Do women somatize more than men? Gender differences in somatization. *Psychosomatics* 1994;35:445-52.
3. Wingard DL. Patterns and puzzles: the distribution of health and illness among women in the United States. In: Rusez S, Olesen V, Clarke A, editors. *Women's health: The dynamics of diversity*. Columbus: Ohio State University Press, 1995 (accepted for publication).
4. Lindbohm ML. Effects of parental exposure to solvents on pregnancy outcome. *J Occ Env Med*, 1995; 37(8): 908-14.
5. Stewart W, Ouellet-Hellstrom R. Adverse reproductive events and electromagnetic radiation. Baltimore: The Johns Hopkins University, Department of Epidemiology; 1991. Report No.: 1R01 OH02373-01A1.
6. Hanley MJ. Non-ionizing radiation -- current issues and controversies. *J Occ Med*, 1993;25:95-111.
7. Hughey M. Operational obstetrics and gynecology: the medical care of women assigned to sea duty and other isolated duty stations. Washington, D.C.: U.S. Navy Bureau of Medicine and Surgery, 1993.
8. Hughey M. The surgical care of women in operational settings. Washington, D.C.: U.S. Navy Bureau of Medicine and Surgery, 1993.
9. Hoiberg A. Health care needs of women in the Navy. *Mil Med* 1979;144:103-9.
10. Secretary of the Navy. OPNAVINST Instruction 6000.1A, Management of pregnant service women, 21 February 1989.
11. Birdsong W. Ectopic pregnancy in a military population. *Mil Med* 1987;152:525-6.
12. Weckstein L. Current perspectives on ectopic pregnancy. *Obstet Gynecol Survey* 1985;40:279-82.
13. U.S. Navy, Chief of Naval Operations. OPNAVINST 6100.2 Comprehensive health promotion program, 1994.

14. National Research Council. Diet and health. Washington, D.C.: National Academy Press, 1989.
15. Departments of the Army, the Navy, and the Air Force. Naval Command Medical Instruction (NAVMEDCOMINST) 10110.1. Washington, D.C.: Department of the Navy, 1985.
16. Davis CD, Malockie A, Greger JL. Interactions among dietary manganese, heme iron, and nonheme iron in women. *Am J Clin Nut* 1992; 56(5): 926-32.
17. Bouchard C, Shepard R, Stephens T, Sutton J, McPherson B. Exercise, fitness and health: a consensus of current knowledge. Champaign (IL): Human Kinetics Books, 1990.
18. Pronk N, Jawad A, Crouse S, Rohack J. Acute effects of walking on mood profiles in women: Preliminary findings in postmenopausal women. *Medicine, Exercise, Nutrition, and Health* 1994;3:148-55.
19. Pinto B, Marcus B. Physical activity, exercise, and cancer in women. *Medicine, Exercise, Nutrition, and Health* 1994;3:102-11.
20. Conway T, Trent LK, Conway SW. Physical readiness and lifestyle habits among U.S. Navy personnel during 1986, 1987, and 1988: San Diego: Naval Health Research Center; 1989. Naval Health Research Center Technical Report No.: 8-9024.
21. Schoenborn C, Horn J. Negative moods as correlates of smoking and heavier drinking; implications for health promotion. *Advance Data from Vital and Health Statistics*, No. 236. Washington, D.C.: Government Printing Office, 1993.
22. Stellman S, Stellman J. Women's occupations, smoking and cancer and other diseases. *CA: A Cancer Journal for Clinicians* 1980;31:29-43.
23. Nice DS, Hilton SM. Sex differences in health care requirements aboard U.S. Navy ships. San Diego: Naval Health Research Center; 1990. Naval Health Research Center Technical Report No.: 90-2.
24. Malone JD, Hyams KC, Hawkins R, Sharp T, Daniell FD. Risk factors for sexually-transmitted diseases among deployed U.S. military personnel. *Sexually Transmitted Diseases* 1993;20:294-8.

25. Stellman J, Snow BR. Occupational safety and health hazards and the psychosocial health and well-being of workers. In: Cataldo MF, Coates TJ, editors. *Health and industry: A behavioral medicine perspective*. New York; Wiley, 1993:270-84.
26. Cleary P. Gender differences in stress-related disorders. In: Barnett R, Brenner L, Banich G, editors. *Gender and stress*. New York: Free Press, 1987:39-72.
27. Barnett R, Davidson H, Marshall NL. Physical symptoms and the interplay of work and family roles. *Health Psychology* 1991;10:94-101.
28. Berkman L, Syme S. Social networks, host resistance, and mortality: A nine year follow-up study of Alameda County residents. In: Steptoe A, Wardle J, ed. *Psychosocial processes and health: A reader*. Cambridge, England: Cambridge University Press, 1994:43-67.
29. Cohen S, Syme S., editors. *Social support and health*. San Diego: Academic Press, 1985.
30. U.S. Department of Defense, Defense Manpower Data Center. *Description of spouses of officer and enlisted personnel in the U.S. Armed Forces, 1985*.
31. Lund D. Junior officer retention in the modern volunteer Army: Who leaves and who stays? In: Hunter EJ, Nice DS, editors. *Military families: Adaptation to change*. New York: Praeger, 1978:32-41.
32. Black W. Military induced family separation: a stress-reduction intervention. *Social Work* 1993;38:273-80.
33. Field T. Young children's adaptations to repeated separations from their mothers. *Child Development* 1991;13:539-47.
34. Amen D, Jellen L, Merves E, Lee R. Minimizing the impact of deployment separation on military children: stages, current preventive efforts, and system recommendations. *Mil Med* 1988; 153:441-6.
35. U.S. Army, Army Research Institute Newsletter, U.S. Army Institute for the Behavioral and Social Sciences, 1993.

APPENDICES

- A. Briefings and Presentations, Workshops
- B. Report Topics and Analysis Plans
- C. Health Data Collection Instruments
- D. Results

APPENDIX A

Briefings and Presentations, Workshops

BRIEFINGS/PRESENTATIONS

17 April 1996, Washington, D.C.

Frank C. Garland, Ph.D.

Federation of Applied Scientists and Experimental Biologists Annual Meeting
"Recommendations for Research on the Health of Military Women: U.S. Navy
Perspective"

5 June 1996, San Antonio, Texas

Frank C. Garland, Ph.D.

The Committee on Women in the NATO Forces
"Status of Women's Health in the U.S. Navy"

23 July 1996, San Diego, California

Frank C. Garland, Ph.D.

RADM Joan M. Engel

Director Navy Nurse Corps and Assistant Chief for Education, Training, and
Personnel, Navy Bureau of Medicine and Surgery

11 August 1996, Toronto, Canada

104th Annual Convention, American Psychological Association

"Health Care and Wellness Among U.S. Navy Women"

Chair and Discussant: Frank C. Garland, Ph.D.

Participants: Gregory F. Acevedo, Ph.D., "Psychological Well-Being of Women
Serving Aboard Navy Ships"; Ralph G. Burr, M.A., "U.S. Navy Women's
Satisfaction With Provided Health Care"; Dorothy J. Jeffreys, Ph.D., "Family
Composition: Correlates With the Health of Women Aboard Ships"; Patricia J.
Thomas, M.A., "Psychosocial and Behavioral Correlates of Pregnancy Aboard Navy
Ships"; Michael J. Schwerin, Ph.D., "Health Beliefs Model in Shipboard Navy Men
and Women".

20 November 1996, New York, New York

Frank C. Garland, Ph.D.

124th Annual Meeting, American Public Health Association

"Women Aboard Navy Ships: A Comprehensive Health and Readiness Research
Project"

26 November 1996, Washington, D.C.

Frank C. Garland, Ph.D.

ADM W. H. Koenig, U.S. Navy Surgeon General

Expected Number of Advance Pregnancy Outcomes in Women Serving Aboard Ship
Navy Bureau of Medicine and Surgery

26 November 1996, Washington, D.C.

Frank G. Garland, Ph.D.

Bernard Rostker, Ph.D., Assistant Secretary of the Navy (Manpower and Reserve Affairs), Pentagon

Expected Number of Adverse Pregnancy Outcomes in Women Serving Aboard Ship
Navy Bureau of Medicine and Surgery

WOMEN ABOARD NAVY SHIPS WORKSHOP

April 10 and 11, 1996

San Diego, CA

Ralph Burr, M.A., Statistician

Naval Health Research Center

Ron Clapsaddle, Senior Computer Programmer/Analyst

Ogden Government Services

Terry Conway, Ph.D., Research Director

Center for Behavioral and Community Health, San Diego State University

Cedric Garland, Dr. P.H., Associate Professor

University of California, San Diego

Frank Garland, Ph.D., Department Head

Health Sciences and Epidemiology, Naval Health Research Center

Ed Gorham, M.P.H., Research Epidemiologist

Naval Health Research Center

Betty Gunderson, M.A., Administrative Coordinator

Uniband, Inc.

Randall Hall, Research Data Manager

Management Assistance and Concepts Corporation

Dorothy Jeffreys, Ph.D., Professor

Marywood College Military Family Institute

Donna Kritz-Silverstein, Ph.D., Assistant Adjunct Professor

University of California, San Diego

Alan Levine, Ph.D., R.D., Deputy Director of Research

Marywood College Military Family Institute

Jim Martin, Ph.D., BCD, Associate Professor

Bryn Mawr College

Lex Merrill, Ph.D., Clinical Research Psychologist

Naval Health Research Center

Rex Sanderson, Project Coordinator

Management Assistance and Concepts Corporation

Diane Schneider, M.D., Clinical Associate Professor

University of California, San Diego

LT Michael Schwerin, USN, MSC, Research Psychologist

Naval Health Research Center

Marie Thomas, Ph.D., Assistant Professor

California State University, San Marcos

Pat Thomas, M.A., Washington, D.C. Scientific and Customer Liaison

Navy Personnel Research and Development Center

David Timberlake, M.P.H., Research Epidemiologist

Management Assistance and Concepts Corporation

Women Aboard Navy Ship Workshop p.2

Ross Vickers, Ph.D., Research Psychologist
Naval Health Research Center

Debbie Wingard, Ph.D., Associate Professor
University of California, San Diego

APPENDIX B

Report Topics and Analysis Plans

APPENDIX B

TENTATIVE REPORT TOPIC AREAS AND PROPOSED LEAD AUTHORS

- B.1 Contraceptive Use and Attitudes Toward Family Planning in Navy Enlisted Women and Men
Marie D. Thomas, Ph.D.
Patricia J. Thomas, M.S.
Frank C. Garland, Ph.D. B.1
- B.2 Organizational Influences on Gender Differences in Stress and Strain Aboard U.S. Navy Ships
Ross R. Vickers, Jr., Ph.D.
James A. Martin, Ph.D., BCD B.4
- B.3 Stress and Well-being of Women Serving Aboard Navy Ships
James A. Martin, Ph.D., BCD
Gregory A. Acevedo, M.S.
Frank C. Garland, Ph.D. B.8
- B.4 Occupational and Environmental Factors Associated With Upper Respiratory Disease Symptoms Among Active Duty Men and Women Aboard U.S. Navy Ships
Edward D. Gorham, M.P.H.
Cedric F. Garland, Dr. P.H.
Abram S. Benenson, M.D.
Frank C. Garland, Ph.D.
Gregory C. Gray, CDR, MC, USN
Deborah L. Wingard, Ph.D.
Craig A. Molgaard, Ph.D.
David Macky, Ph.D. B.11
- B.5 Gender Differences in Predicting Cigarette Smoking Among Navy Shipboard Women and Men
Terry L. Conway, Ph.D.
Frank C. Garland, Ph.D. B.14
- B.6 Gender Differences in the Association of Life Style Factors to the Prevalence and Symptoms of Migraines and Other Headaches Among Navy Personnel
Deborah L. Wingard, Ph.D.
Donna Kritz-Silverstein, Ph.D.
Frank C. Garland, Ph.D. B.18

- B.7. The Association of Behavior and Life Style Factors With Menstrual Symptoms
Donna Kritz-Silverstein, Ph.D.
Deborah L. Wingard, Ph.D.
Frank C. Garland, Ph.D. B.22
- B.8 Predicting the Health of Navy Service Women and Men
Dorothy J. Jeffreys, Ph.D.
Theresa Russo, Ph.D.
Frank C. Garland, Ph.D. B.26
- B.9 Normative Comparisons of Psychological Symptomatology for Navy and
Army Women and Men: Effects of Gender, Deployment History and
Demographic Effects
Kathleen M. Wright, Ph.D.
Frank C. Garland, Ph.D. B.36
- B.10 Availability of Gynecological Supplies and Other Issues Related to the
Reporting Requirements of the Department of
the Navy's Policy on Pregnancy
Frank C. Garland, Ph.D.
David Timberlake, M.P.H.
Diana R. Simmes, M.P.H. B.41

B.1 REPORT TOPIC AREA: Contraceptive Use and Attitudes Towards Family Planning in Navy Enlisted Women and Men

PROPOSED LEAD AUTHORS: Marie D. Thomas, Ph.D., Patricia J. Thomas, M.S., and Frank C. Garland, Ph.D.

ABSTRACT

The Year Two report will discuss the replication of analyses performed in Year One using an expanded sample of enlisted women. Where possible, comparisons will be made to data gathered with shore-based samples of Navy women. Responses to items on contraception and family planning attitudes that were added to the Year One surveys will also be presented, using both the male and female samples. In addition to descriptive statistics, the relationships among contraceptive use, psychosocial stress, lifestyle behaviors, and pregnancy will be explored.

HYPOTHESES

The outcome of pregnancies among women assigned to ships will not differ from the outcome for shore-based women.

Contraceptive use will be related to age, education, and marital status.

Contraceptive use also will be related to lifestyle behaviors, family planning attitudes, and self-reports of stress.

Proportionately more of the pregnancies of women under age 30 will have been unplanned than the pregnancies of older women.

Women and men differ in their attitudes toward family planning.

ANALYSIS PLANS

Because the focus of this report is on pregnancy, only one of the analyses will include the male sample, i.e., the comparison between the family planning attitudes of women and men. For the remaining analyses, the variables to be included are as follows:

Variables:

Independent Variables: Lifestyle behaviors and stress.

Dependent Variables: Pregnancy status, outcome of previous pregnancies, and contraceptive use.

Co-variables: Demographic characteristics, including age, educational level, marital status, parental status, pay grade, and assignment.

Family planning attitudes will be investigated as both independent and dependent variables, depending upon the hypothesis being tested.

Statistics:

Hypothesis testing will be conducted through the use of chi-square and t-tests, analysis of variance, and multi variate analysis of variance. The multi variate analytic techniques to determine patterns of relationship between and among variables of interest will include multiple regression and discriminant analysis.

LITERATURE REVIEW

This investigation builds upon the applied Navy sponsored research on pregnancy that began over a decade ago [1]. Problems associated with the management of pregnant personnel were the impetus for much of the research and studies that were conducted [2-6]. Although frequently not explicitly stated, concern over the reproductive health of women was, and continues to be, a motivating force behind Navy pregnancy research.

Quester [7] extracted the social security numbers of all women who had given birth in Navy hospitals between March 1992 and September 1993. The assignment codes of the mothers nine months prior to hospitalization were analyzed. The results indicated that the birthrate of women who had been assigned to ships was somewhat higher than that of women who had been assigned ashore. During Year One of the Women Aboard Navy Ships research project, Thomas and Thomas [8] found that the pregnancy rate of these women was lower than the pregnancy rate that had been reported by those authors for another ship-based sample [9]. Potential reasons for this difference could not be explored, however, because of the small number of pregnant women (N=73) in the Year One sample.

The outcome of the pregnancies of Navy women is a grave health issue. Self-reported data obtained through survey research indicates that Navy women obtain fewer elective abortions, but experience more miscarriages than their civilian counterparts [9]. Caldron and Hilton [10], in their analysis of 10 years of hospitalization data, found no relationship between duty station or rating and pregnancy outcome. Analysis of the responses of women in the Year One sample yielded results consistent with the earlier surveys [8].

Contraceptive behavior has been a difficult topic to research because of religious, moral, and privacy considerations. Nevertheless, the Navy in its role as primary medical provider for its personnel, has a compelling need to know whether women have access to effective birth control and are sufficiently informed about contraception to make wise choices. While Navy policy [11] states that pregnancy is compatible with a naval career, an unstated desire is that pregnancies be

planned to coincide with nonoperational tours. Surveys conducted among Navy women in 1988, 1990, and 1992 indicated that only about 40% of their pregnancies were planned [1,9]. The rate among the youngest women was much lower. Yet, over half of the women who experienced an unplanned pregnancy were using birth control. Analysis of Year One data from the Women in Navy Ships research project yielded very similar results [8].

BIBLIOGRAPHY

1. Thomas, P.J., Edwards, J.E.. (1989). Incidence of pregnancy and single parenthood among enlisted personnel in the Navy. San Diego: Navy Personnel Research and Development Center.
2. Thomas, M.D., Thomas, P.J., McClintock, V. (1991). Pregnant enlisted women in Navy work centers. San Diego: Navy Personnel Research and Development Center.
3. Thomas, P.J., Thomas, M.D. (1992). Impact of pregnant women and single parents upon Navy personnel systems. San Diego: Navy Personnel Research and Development Center.
4. Thomas, P.J., Thomas, M.D., Robertson, P. (1993). Absences of Navy enlisted personnel: A search for gender differences. San Diego: Navy Personnel Research and Development Center.
5. Newell, C.E., Thomas, P.J. (1993). Comparison of permanent change of station costs for women and men transferred prematurely from ships. San Diego: Navy Personnel Research and Development Center.
6. Thomas, M.D. (1994). Utilization of pregnant enlisted women transferred off ships. San Diego: Navy Personnel Research and Development Center.
7. Quester, A. (1996). Navy personnel with assignment limitations and assignment considerations. Alexandria: Center for Naval Analyses.
8. Thomas, P.J., Thomas, M.D. (1996). Pregnancy among enlisted women aboard ships. San Diego: Navy Personnel Research and Development Center.
9. Thomas, M.D. (1993) Survey of pregnancy and parenthood. Briefing for Chief of Naval Personnel. Washington, D.C.
10. Caldron, R.L., Hilton, S.M. (1996) Personal Communication.
11. Secretary of the Navy, SECNAV Instruction 1000.10. "Department of the Navy (DoN) Policy on Pregnancy," dated 06 February 1995.

B.2 REPORT TOPIC AREA: Organizational Influences on Gender Differences in Stress and Strain Aboard U.S. Navy Ships

PROPOSED LEAD AUTHORS: Ross R. Vickers, Jr., Ph.D., and James A. Martin, Ph.D. BCD

ABSTRACT

Shipboard living and working conditions generate significant stress for U.S. Navy personnel [1]. Understanding the sources of stress is necessary to reduce stress. Earlier work in the Women Aboard Navy Ships study indicates that stress and strain differences between male and female crew members were slight on the average [1,2]. However, ship type and occupation are known to influence organizational climate and habitability variables similar to the stresses investigated in the Women Aboard Navy Ships study [3,4]. The objective of this study is to examine occupational factors as correlates of stress and strain and to determine whether those relationships differ for women and men in similar circumstances.

HYPOTHESES

Based on the preceding considerations, the present study will test three general hypotheses:

- (A) Stress will be higher for women in nontraditional jobs.
- (B) Women will differ most from men on ships with high stress.
- (C) Gender differences in stress will be largest in deployed personnel.

ANALYSIS PLANS

Aggregate data can be misleading. People with significant stresses and strains may be buried in the larger mass of people who experience relatively minor reactions to shipboard life. Thus, although men and women differed little in overall stress and strain, the slight tendencies toward differences may be the result of people located in particularly stressful situations. Identifying any specific situations which give rise to exceptional stresses may provide insights that can be used to reduce stress. The present study will examine three factors which may identify conditions of exceptional stress for women:

- (A) Nontraditional Jobs. Women have had increasing opportunities to fill all types of jobs in the military in recent years. However, the proportion of women in an occupation varies across occupational specialties. When the proportion of women is low, females may face a different social environment and new tasks without a pre-existing support or mentoring network to help them adjust to the situation.

(B) Ship Type. Living conditions are an important source of shipboard stress [3]. Prior evidence indicates that these conditions vary as a function of ship type [3]. If women are more susceptible to some stress than men, pronounced experiential differences may occur only when stress-eliciting conditions are severe.

(C) Deployment. Some stresses may occur only during deployment or may be exacerbated by deployment. For example, if one ordinarily does not live aboard ship, shipboard living conditions become relevant only during deployment. Similarly, family stresses may be increased (e.g., by making it more difficult to communicate) or decreased by deployment (e.g., by separating the individual from a contentious social relationship). Deployment may increase stress levels because the ship becomes a total institution encompassing all aspects of a person's life [5]. The effect may be that deployment acts as a multiplier because different types of stress reinforce one another (e.g., by increasing carryover from work to leisure settings).

Stress and distress will be measured by self-report items in the Women Aboard Navy Ships questionnaire. Previous reports describe the stress items and their response distributions [1] and the measurement structure of stress and distress [2].

Ship characteristics will be evaluated two ways. General ship type information will be determined from standard Navy records. These records will be used to characterize ships in terms of Navy functional type, crew size, and other activities. Comparison of recommended manning and actual crew size will provide a general measure of manning level. Manning level will be considered as a potential influence on stress (e.g., more job stress because of fewer people available to do the job, but less living stress because of less crowding).

The proportion of women aboard ship and in various organizational units within ships will provide a second set of ship characteristics. This proportion can be estimated at the total ship level using previously reported data [6]. More detailed analyses will be provided by evaluating ships at the department/division level using ships' rosters constructed originally for the purpose of matching women and men in the research sample. The primary concern will be the gender proportions at the different organizational levels. Low proportions of females in a division will define nontraditional work for women. The assumption is that the low rate reflects the fact that women either have been excluded from the types of work done in the division or have chosen not to follow those career paths. Either reason for underrepresentation would imply that the work is "nontraditional" in the sense that it has not been a common career path for women in the past. The operationalization of "nontraditional" in this case also focuses attention on factors which may significantly modify the social environment in ways that may lead to increased stress (e.g., potential for sexual harassment, in its broadest sense, may be higher in settings where very few women are present).

Shipboard occupation will be defined by a combination of military occupational specialty (NEC) and paygrade. The two measures will be combined because senior personnel may face similar demands for planning, problem solving, leadership, and management skills no matter what

their technical area. Differences between occupational specialties may be most pronounced at lower level positions which involve hands-on work with the specific tools and technologies that differentiate specialties. The determination of status in a traditional/nontraditional classification will be determined by the proportion of women in each MOS/pay grade combination.

Deployment status will be determined from the Women Aboard Navy Ships questionnaire. The questions available to define deployment included asking whether the ship was deployed at the time of data collection and, if so, how long the deployment had been and how much longer it was expected to continue. Additional questions make it possible to determine number of prior deployments to assess the extent of shipboard living experience.

Analysis procedures will include examinations of simple bivariate relationships to describe first order relationships (e.g., stress as a function of ship size). Analysis results will be evaluated in terms of effect size using Cohen's [7] criteria rather than relying on statistical significance testing. Effect size criteria are appropriate because the large sample size means that even weak relationships with no practical significance can be statistically significant. More complex patterns of potential influences on stress and distress will be explored by analysis of variance methods where variables are categorical in nature (e.g., NEC by pay grade by gender) or analysis of covariance where interval level measures are mixed with categorical measures (e.g., stress as a predictor of distress in different NEC by gender groups). Loglinear modeling will be used when all variables are categorical (e.g., department or division by gender analyses to define traditional/nontraditional jobs).

LITERATURE REVIEW

The prior analyses indicated that gender and other demographic variables were weak predictors of stress and distress. Indeed, the most striking aspect of the analyses was the close comparability of men and women with respect to both the descriptive [1] and structural components of stress and distress [2]. These initial findings raise questions about where stress does come from if not from the factors previously investigated.

The expectation based on prior shipboard habitability research is that ship type and occupational variables will explain a substantial amount of the variance. Whether these factors interact with gender has not been investigated, but the general lack of gender differences in the previous work is reason to think that interactions will be absent. Thus, the overall expectation is that stress and distress are influenced by ship type, occupation, and deployment status, but the effect will be comparable for women and men.

BIBLIOGRAPHY

1. Martin, J.A.; Acevedo, G.; and Vickers, R.R., Jr. (In Review). Comparison of men and women aboard Navy ships: Life stress conditions, psychological stress, distress, coping and quality of life issues.

2. Vickers, R.R. and Martin, J.A. (In review). Exploration of stress differences by gender aboard U.S. Navy ships.
3. Pugh, W.M.; Gunderson, E.K.E.; and Dean, L.M. (1975). Sources of situational variance in environmental perceptions, (Tech. Rep. 75-11). San Diego, CA: Naval Health Research Center.
4. Rubin, R.T.; Gunderson, E.K.E.; and Arthur, R.J. (1971). Life stress and illness patterns in the U.S. Navy. IV. Environmental and demographic variables in relation to illness onset in a battleship's crew. *Journal of Psychosomatic Research*, 15, 89-94.
5. Goffman (1961). *Asylums*. Garden City, N.Y.: Anchor Books.
6. Garland, F. (1966). *Women aboard Navy ships (Year One Report)*. San Diego, CA: Naval Health Research Center.
7. Cohen, J. (1969). *Statistical power analysis for the behavioral sciences*. N.Y.: Academic Press.

B.3 REPORT TOPIC AREA: Stress and Well-being of Women Serving Aboard Navy Ships

PROPOSED LEAD AUTHORS: James A. Martin, Ph.D., Gregory A. Acevedo, M.S., and Frank C. Garland, Ph.D.

ABSTRACT

This collaborative effort is focused on analyses of military related psychosocial stress factors and their relationship to physical and psychological health, personal and family well being, and duty performance of personnel in the Women Aboard Navy Ships study. This effort includes the validation of a brief survey measure of psychological distress for use in large scale Navy surveys where space and subject burden are of concern. This effort makes use of the complete data and builds on an earlier analysis of psychosocial data from the first phase of data collection [1]. Within rank, gender comparisons will be used to examine the impact of duty (and other military related) stressors on various aspects of psychosocial health, well being, and perceived military performance. Initial analysis demonstrated some across rank gender differences, but only a few, minor within rank and gender differences, for a variety of biopsychosocial outcomes measures. This effort expands the earlier analysis to include a variety of perceived and objective health outcomes [2].

HYPOTHESES

Perceived duty and military life stress will predict biopsychosocial outcomes for both men and women. Operational based stressors will be more important for men, relationships based stressors will be more important for women.

Women will have higher (worse) biopsychosocial outcome scores as a function of perceived stress.

Outcome scores will be negatively associated with rank (the lower the rank the worse the outcome) for both men and women. The greatest differences between men and women will occur in the most junior rank groups. Overall gender differences will diminish as rank increases.

"On board" ship status will magnify military duty stress and subsequent negative biopsychosocial outcomes for both men and women. The extent of prior shipboard experience will positively effect (reduce) differences between men and women.

A modified version (7 items) of The Center for Epidemiologic Studies Depression Scale will be comparable to the full (53 item) Behavioral Symptoms Inventory (BSI) as a predictor of psychological distress.

Quality of life (QOL) measures will be influenced by duty and military life stressors. Men's QOL scores will be most influenced by duty stressors, women by military life stressors.

ANALYSIS PLANS

This analysis will examine potential moderating factors, like extent of previous shipboard experience, and the perceived nature and availability of various formal and informal social stressors. Measures will be developed to examine the effects of duty and military life stressors. These variables will be related to overall perceived quality of life for men and women both within and across rank groups.

These data provide a unique opportunity to test the reliability, validity, and utility of a brief, self-administered distress scale. Such a measure (and norms for a military population) will be valuable for future survey studies where space and subject burden issues are of concern [2].

LITERATURE REVIEW

This review is designed to supplement the review provided as part of the original study proposal. In the wake of the unfortunate self-inflicted death of the Chief of Naval Operations, Admiral Jeremy Boorda, all branches of the services are increasingly concerned about the psychological health and well being of their personnel [3]. Mental health, stress, and coping are main themes in the 1995 Department of Defense Survey of Health Related Behaviors Among Military Personnel [2]. These data also provide an important comparison for the Women Aboard Ships data, including a similar distress measure. Additionally, these data reinforce the importance of work place (duty) stress as a major factor in predicting physical and psychological health, as well as work productivity (duty performance). This report highlights many of the stress issues unique to women and women in military service. Advances in our understanding of gender differences in mental health status [4] highlight the need to continue to address psychosocial stress as a major factor in biopsychosocial adaption. A recent study of pre-service histories of victimization among a sample of military personnel [5] reinforces the fact that military women may be at increased risk for mental health problems (including posttraumatic stress) associated with military duties.

BIBLIOGRAPHY

1. Martin, J., Acevedo, G., and Vickers, R. (1996). Comparison of men and women aboard Navy ships: life stress conditions, psychosocial stress, distress, coping, and quality of life. *Women Aboard Navy Ships: A Comprehensive Health and Readiness Research Project*, Frank C. Garland, Editor. San Diego: Naval Health Research Center.
2. Bray, R., Kroutil, L., Wheelless, S., Bailey, S., Fairbank, J., and Harford, T. (1995). RTI/6019/06-FR. 1995 Department of Defense Survey of Health Related Behaviors Among Military Personnel. North Carolina: Reach Triangle Institute.

3. Jowers, K. (1996). Dicey subject: mental health in the military. *Army Times*, 56-46, p 10.
4. Margolis, S. and Rabins, P. (1996). *The John Hopkins White Papers: Depression and Anxiety*. Baltimore: The John Hopkins Medical Institutions.
5. Rosen, L. And Martin, L. (In press). Impact of childhood abuse history on psychological symptoms among male and female soldiers in the U.S. Army. *Child abuse and Neglect: The International Journal*.

B.4 REPORT TOPIC AREA: Occupational and Environmental Factors Associated With Upper Respiratory Disease Symptoms Among Active Duty Men and Women Aboard U.S. Navy Ships

PROPOSED LEAD AUTHORS: Edward D. Gorham, M.P.H., Cedric F. Garland, Dr.P.H., Abram S. Benenson, M.D., Frank C. Garland, Ph.D., Gregory C. Gray, CDR, MC, USN, Deborah L. Wingard, Ph.D., Craig A. Molgaard, Ph.D., and David Macky, Ph.D.

ABSTRACT

Second year analysis plans in this study will build upon year one analyses of occupational and environmental exposures and upper respiratory infection (URI) symptoms with the addition of sick call visit discharge diagnoses. These diagnoses will include ICD-9 codes 461-466, and 480, which corresponds to URIs due to a variety of viral agents, including parainfluenza viruses, adenoviruses, rhinoviruses, respiratory syncytial virus, and some coronaviruses, coxsackieviruses, and echoviruses [1,2].

HYPOTHESES

1. Incidence rates of self-reported upper respiratory infections (URI) and sick call visit rates for URI are positively associated with occupancy and occupant density in berthing compartments aboard ship.
2. Incidence rates of self-reported upper respiratory infections (URI) and sick call visit rates for URI are positively related to ambient carbon dioxide concentrations or other indirect markers of indoor air quality measured in berthing compartments aboard ship.

ANALYSIS PLANS

During year two, self-reported URI symptoms will be analysed in greater clinical detail. URIs are often divided clinically according to whether fever is present [1-6]. For this reason, the prevalence rate of symptoms associated with self-reported cold symptoms, including fever, cough, sore throat, and sinus congestion, will be reported.

During year one, a positive linear relationship between URI prevalence rates and berthing compartment occupancy (tertiles) was observed in both men and women serving aboard 22 U.S. Navy ships. This relationship will be further explored using an expanded data set and multiple logistic regression [7,8] to adjust for possible confounding variables which may be associated with berthing occupancy and URI prevalence [5,9,10].

Observational studies of the natural history of respiratory tract infections indicate that proximity and ventilation characteristics in sleeping areas may each play an etiologic role in URI acquisition and spread [11-15]. The opportunities for direct contact among susceptibles can be expected to increase in proportion to increases in berthing space occupancy; however, the findings in the year one study did not allow discrimination between spread via droplet nuclei or direct contact, although they supported an association between sleeping area occupancy and increased URI risk.

To address this issue in year two, additional analyses will include direct characterization of ventilation properties of berthing compartments by measurement of carbon dioxide levels aboard a deployed aircraft carrier. This study will assess air quality in berthing compartments by measurement of carbon dioxide levels. The study will also ascertain URI infections diagnosed at sick call for the duration of the voyage. Berthing space occupancy will be ascertained based on the berthing assignments of ship personnel.

Self-reported occupational exposures to dust, petroleum solvents, vapors, and active and passive cigarette smoke exposures and their potential associations [5,9,10] with self-reported URI symptoms will also be examined in greater detail in year two using multiple logistic regression [7,8] to control for possible confounding variables.

BIBLIOGRAPHY

1. Benenson, A.S. (Ed.) (1990). Control of Communicable Diseases in Man, 15th edition. Washington D.C.: American Public Health Association.
2. Evans, A.S. (1975). Serologic studies of acute respiratory infections in military personnel. *Yale Journal of Biological Medicine*, 48:201-209.
3. Garibaldi, R.A. (1985). Epidemiology of community acquired respiratory tract infections in adults. *American Journal of Medicine*, 78:32-37.
4. Hoeffler, D.F. (1975). Current patterns of acute respiratory disease in the United States Navy and Marine Corps. *Yale Journal of Biological Medicine*, 48:171-178.
5. Miller, L.F. (1964). Acute respiratory infections in Naval personnel. *Mil Med*, 129:526-532.
6. Brundage, J.F., Scott, R.M., Lednar, W.M., et al. (1988). Building associated risk of febrile acute respiratory diseases in Army trainees. *JAMA*, 259:2108-2112.
7. Rosner B. (1990) Fundamentals of Biostatistics, 3rd edition. Boston, MA. PWS-Kent Publishing Co. 226-7.
8. Kahn, H.A., Sempos, C.T. (1989). Statistical methods in epidemiology. Monographs in epidemiology and biostatistics, vol 12, New York, Oxford University Press, pp 63.
9. Robertson, A.S., Burge, P.S., Hedge, A., et al. (1985). Comparison of health problems related to work and environmental measurements in two office buildings. *Br Med J*, 291:373-376.
10. Couch, R.B. (1981) Viruses and indoor air pollution. *Bull, NY: Acad Med*, 57:907-921.

11. Sterling, E. and Sterling, T. (1983). The impact of different ventilation levels and florescent lighting types on building illness: an experimental study. *Canadian Journal of Public Health*, 74:385-392.
12. Hendley, J.O., Gwaltney, J.M., Jr. (1969). Rhinovirus infections in an industrial population. IV. Infections within families of employees during two fall peaks of respiratory illness. *Am J Epidemiol* 89:184-96.
13. Robertson, O.H., Hamburger, M., Loosi, C. S., Puck, T.T., Lemon, H.M., Wise J. (1944). Nature and control of air borne infection in Army Camps, *JAMA* 126:993.
14. Commission on Acute Respiratory Diseases and Commission on Air Borne Infections (1946). A study on the effect of oiled floors and bedding on incidence of respiratory disease in new recruits. *Am J Publ Hlth* 43:120-144.
15. Miller, W.R., Jarrett, E.T., Willmon, T.L., Hollaender, A., Brown, E.W., Lewandowski, T., Stone, R.S. (1947). Evaluation of ultraviolet radiation and dust control measures in control of respiratory disease at a Naval Training Center. *J Inf Dis* 82:86-100.

B.5 REPORT TOPIC AREA: Gender Differences in Predicting Cigarette Smoking Among Navy Shipboard Women and Men.

PROPOSED LEAD AUTHOR: Terry L. Conway, Ph.D. and Frank C. Garland, Ph.D.

ABSTRACT

The Department of the Navy emphasizes the need for healthful life styles and reduction of health risk factors as part of on going health promotion efforts. One area of considerable concern is tobacco use because military personnel are more likely than their civilian counterparts to smoke. Research has shown that men and women have different experiences in smoking initiation, maintenance, and cessation; thus, specialized interventions to help women and men may be warranted. The primary objectives of this paper will focus on determining correlates of current tobacco use and intentions to smoke a year from now. Understanding the factors associated with tobacco use, including differences between women and men, should help provide information useful for designing more effective interventions to reduce tobacco use among Navy shipboard personnel.

HYPOTHESES

The primary objective of this paper will focus on determining correlates of: (a) current tobacco use, and (b) intentions to smoke a year from now. Understanding the factors associated with tobacco use, including differences between women and men in the importance of these factors, should help provide information useful for designing effective interventions.

Specific purposes of this paper are as follows:

1. Identify and compare the patterns of correlates for three primary smoking measures: (a) current smoker status, (b) quantity of smoking, and (c) intention to be a nonsmoker one year from now. It is hypothesized that many of the same types of variables (e.g., demographics, other health behaviors, psychological factors) associated with tobacco use in civilian samples will also be correlated in this Navy shipboard sample.

2. Assess gender differences in the patterns of correlates predicting the three smoking measures. It is hypothesized that different sets of variables will be predictive of tobacco use for women and men.

ANALYSIS PLANS

Three primary dependent variables will be examined: (a) current smoker status, (b) quantity of smoking, and (c) intention to be a nonsmoker one year from now. A current smoker will be defined as anyone who has smoked at least 100 cigarettes in their entire life, and has smoked at least one day during the last 30 days. Quantity smoked will be based on the number

of days during which one smoked during the past 30 days and the average number of cigarettes smoked per day during the past 30 days. Intention to smoke in the future is measured by an item that asks whether one sees oneself as smoking one year from now, with possible responses on a five point scale from 1=definitely a nonsmoker to 5=definitely a smoker. Independent variables that will be examined as possible predictors of the three dependent measures will include demographic variables (e.g., gender, age, race/ethnicity, highest level of education completed, marital status, pay grade, total number of years on active duty, and where the person lived when the ship was in port), other health behaviors (e.g., alcohol use, physical activity, sleep, and weight gain/loss, use of medical care services), and selected psychological variables (e.g., stress, mood, perceived quality of life, perceived social support).

Primary data analyses will be performed using the *SPSS for Windows* statistical package. Basic descriptive information will be assessed by determining frequency counts and percentages or means and standard deviations, depending on the type of variable being examined. Simple two group comparisons (e.g., comparing women and men) will be analyzed with chi-square tests (e.g., for categorical or dichotomous variables) or independent t-tests (e.g., for ratio, interval, and some ordinal variables). Pearson correlations and nonparametric tests of association will be used to examine bivariate covariation among variables; multiple regression or multiple logistic regression will be used to examine the independent contribution of the predictor variables hypothesized to account for variability in the three dependent tobacco use measures.

LITERATURE REVIEW

Since the early 1980s, health promotion has been an important priority area for the U.S. military [1]. Health promotion programs have been included as part of broader efforts to enhance military readiness and improve quality of life among military personnel. Specific instructions within the Department of the Navy also have emphasized the need for healthful life styles and reduction of health risk factors [2-5]. One area that has been the focus of considerable concern within the Navy is tobacco use [5,6].

Substantial progress has been made towards reducing tobacco use among military personnel. Cigarette smoking has steadily declined over the decade of the 1980s [7,8]. However, military personnel still are more likely than their civilian counterparts to smoke [9], which places them at higher risk for health problems [10] and decreased physical readiness [11]. The higher tobacco use rate among military members compared to civilian counterparts is evident not only among men, but among women as well. Furthermore, personnel assigned shipboard duty may be at even greater risk for smoking, as prior research [12] has indicated that health risk behaviors, such as tobacco use, may be more prevalent among Navy personnel assigned to ships than among personnel with shore based assignments. The shipboard population may, therefore, need health risk intervention efforts that are tailored to the shipboard environment.

Specialized intervention to help women aboard ships may also be warranted. Research indicates that men and women have different experiences in smoking initiation as adolescents or

young adults, in smoking "topography" (i.e., amount of smoke, puffs per cigarette, depth of inhalation, etc.), and in smoking cessation [13]. Studies of smoking cessation point to gender differences in severity of withdrawal symptoms, self-efficacy for quitting, perceived benefits of quitting, coping strategies, and emotional reactions to smoking relapse [13-15]. Women have also been found to express less interest in quitting, fewer perceived health benefits of quitting, more concern about weight gain, and more job pressures related to quitting than men [16].

Taken as a whole, the research on gender differences related to tobacco use suggests that gender specific interventions are called for to be effective in reducing tobacco use and maintaining quit status. Understanding the correlates of tobacco use and intentions to quit or to remain a smoker is a step in the direction of being able to develop more effective gender specific interventions.

BIBLIOGRAPHY

1. U.S. Department of Defense, DOD DIRECTIVE 1010.10, "Health Promotion," dated 11 March 1986.
2. Chief of Naval Operations, OPNAVINST 6110.1B, "Health and Physical Readiness Program," dated 19 October 1982.
3. Chief of Naval Operations, OPNAVINST 6110.1C, "Physical Readiness Program," dated 07 August 1986.
4. Chief of Naval Operations, OPNAVINST 6110.1D, "Physical Readiness Program," dated 18 January 1990.
5. Chief of Naval Operations, OPNAVINST 6100.2, "Health Promotion Program," dated 25 February 1992.
6. Secretary of the Navy, SECNAVINST 6110.5, "Health Promotion Program," dated 17 September 1986.
7. Bray, R.M., Marsden, M.E., Guess, L.L., Wheelless, S.C., Iannacchione, V.G., Keesling, S.R., 1988, Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel. Research Triangle Institute, RTI/4000/06-02FR, December 1988.
8. Bray, R.M., Kroutil, K.M., Luckey, J.W., Wheelless, S.C., Iannacchione, V.G., Anderson, D.W., Marsden, M.E., Duntelman, G.H. 1992 Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel. Research Triangle Institute, RTI/514/06-16-FR, December 1992.
9. Bray, R.M., Marsden, M.E., Peterson, M.R. Standardized comparisons of the use of alcohol, drugs and cigarettes among military personnel and civilians. American Journal of Public Health, 1991:81:865-869.
10. Healthy People 200, U.S. Department of Health and Human Services, Public Health Service, DHHS Publication No. (PHS) 91-50212, 1991.
11. Conway, T.L., Cronan, T.A. Smoking, exercise and physical fitness. Preventive Medicine, 1992:21(6), 723-734. (Based on NHRC Report No. 90-43).
12. Conway, T.L., Trent, L.K., Conway, S.W. Physical readiness and lifestyle habits among

U.S. Navy Personnel during 1986, 1987, and 1988 (Report No. 89-24). San Diego, CA: Naval Health Research Center, 1989.

13. Grunberg, N.E., Winders, S.E., Wewers, M.E. Gender differences in tobacco use. *Health Psychology*, 1991:10(2), 143-153.
14. Blake, S.M., Klepp, K.I, Pechacek, T.F., et al. Differences in smoking cessation strategies between men and women. *Addictive Behaviors*, 1989:14, 409-418.
15. O'Connell, K. (1990). Smoking cessation: Research on relapse crisis. *Annual Review of Nursing Research*, 8, 83-100.
16. Sorensen, G., Pechacek, T.F. Attitudes toward smoking cessation among men and women. *Journal of Behavioral Medicine*, 1987:10(2).

B.6 REPORT TOPIC AREA: Gender Differences in the Association of Life Style Factors to the Prevalence and Symptoms of Migraines and Other Headaches among Navy Personnel

PROPOSED LEAD AUTHORS: Deborah Wingard, Ph.D., Donna Kritz-Silverstein, Ph.D., and Frank C. Garland, Ph.D.

ABSTRACT

Numerous studies have reported that women use medical care, report more symptomatology and have a higher morbidity than men. However, most of these studies are in older men and women. Studies of injuries also tend to show a female excess even given exposure to risk. There are relatively few large, population based comparisons of the experience of symptoms and health conditions among relatively young men and women. The purpose of the present study is to examine and compare the prevalence of migraine and nonmigraine headaches and specific injuries among the relatively young men and women in the U.S. Navy. Analyses will be adjusted for possible confounders, such as age, cigarette smoking, exercise, alcohol consumption and hours of sleep. In women, the influence of exogenous estrogen use (e.g. oral contraceptives) on headaches will also be examined. Analyses of injuries will also include adjustment for the use of protective gear and clothing, and will be stratified by occupational classifications.

HYPOTHESES

1. Women are expected to have a higher prevalence of headaches than men. This association is expected within racial/ethnic groups and within paygrades and ratings.
2. For both men and women, it is expected that older age, cigarette smoking, alcohol consumption, lower exercise, and fewer hours of sleep will be associated with increased prevalence of migraine and nonmigraine headaches.
3. Within occupational classifications, after adjustment for confounders, such as obesity, alcohol consumption, exercise and use of protective gear, the prevalence of specific injuries (e.g., muscle sprain or strain, back problems) are expected to be greater among women than men.

ANALYSIS PLANS:

During year two, gender differences will be examined in (a) the experience of migraines and other headaches, and, if time permits, (b) injury rates within specific job classifications.

Variables

Independent Variables and Co-Variates:

Gender, age, race/ethnicity, paygrade and rating.

Dependent Variables (in separate analyses):

The experience in the past 30 days of any headache (migraine, nonmigraine) and injuries (muscle sprain or strain, back problems, other) severe enough to interfere with daily activities. The Navy questionnaire includes the major components of the International Headache Society diagnostic criteria for migraines (visual disturbances, numbness or tingling, sensitivity to noise and sensitivity to light), as well as prior physician diagnosis of migraine.

Statistical Analyses:

The age-adjusted prevalence of migraine and nonmigraine headaches will be examined separately for men and women using the Mantel-Haenszel extension test and/or logistic regression. Analyses will be adjusted for possible confounders, such as cigarette smoking, alcohol consumption, lower exercise, and fewer hours of sleep. We will examine the influence of exogenous estrogen use on headache occurrence. Separate comparisons will be adjusted and/or stratified by race/ethnicity, paygrade and rating.

The age adjusted prevalence of injuries in the past 30 days (including muscle sprain or strain, back problems, and other injuries) will be examined separately for men and women using the Mantel-Haenszel extension test and/or logistic regression. Analyses will be adjusted for possible confounders, such as race/ethnicity, obesity (weight in kilograms/height in meters [2]), alcohol consumption, lower exercise, fewer hours of sleep, recent lifting of 25-49 or 50 or more pounds, and use of protective gloves or boots. Separate comparisons will also be adjusted and/or stratified by paygrade and rating. These occupational classifications reflect different exposures to work related injury.

LITERATURE REVIEW

There are numerous reports indicating that women use medical care and seek help from health care providers more often than men [1-4]. Women have also been found to report more symptomatology and higher morbidity than men [3,8]. However, there are relatively few large, population based comparisons of the experience of symptoms and health conditions of relatively young men and women. There are also very few studies with sample sizes large enough to describe gender differences within different racial/ethnic groups. Data from the National Health Interview Survey suggests there may be substantial variations [9].

Several studies have noted that women report more migraine headaches than men (15-18% compared to approximately 6%), and that migraines occur most frequently between the ages of 25 and 55 years [10,11]. One population based study in Finland reported that among women, 54% of all headaches were migraines, compared to 39% among men [12]. In the United States, women from lower income households were at higher risk of having migraines, and were more likely to use health care services for their headaches even after adjusting for headache severity [4,13].

One possible exception to the female excess of morbidity is that more men than women have reported injuries in several national samples [14,15]. However, among intercollegiate athletes, the only gender difference in injuries was a female excess among gymnasts [16], and two studies of military trainees have reported a female excess of injuries [17,18]. Thus, it appears that given equal exposure to risk (either sports or occupational), women may experience more injuries than men. This may reflect women's greater risk of injury, given equal exposure activity. Physiologically, women have less muscle strength, lower bone mass, less lean muscle mass, more body fat, and gynoidal fat distribution [19]. Some of these characteristics may make women more prone to injury, given a similar impact or fall.

BIBLIOGRAPHY

1. Corney, R.H. (1990). Sex differences in general practice, attendance, and help seeking for minor illness. *J Psychosomatic Res*, 34. 524-534.
2. Kendrack, M.A., Grant, K.R., Segall, A. (1991). Gender differences in health related behaviour: some unanswered questions. *Soc Sci Med*, 32. 579-90.
3. Wingard, D.L. (1984). The sex differential in morbidity, mortality, and life style. *Annual Rev of Pub Health*, 5. 433-458.
4. Celentano, D.D., Linet, M.S., Stewart, W.F. (1990). Gender differences in the experience of headache. *Soc Sci Med*, 30. 1289-1295.
5. Gijsbers van Wijk, C.M., Van Vliet, K.P., Kolk, A.M., Everaerd, W.T. Symptom sensitivity and sex differences in physical morbidity: a review of health surveys in the United States and The Netherlands. *Women and Health*, 17. 91-124.
6. Klonoff, E.A., Landrine, H. (1992). Sex roles, occupational roles, and symptom reporting: a test of competing hypotheses on sex differences. *J Behav Med*, 15. 355-364.
7. Harris, R.B., Weissfeld, L.A. (1991). Gender differences in the reliability of reporting symptoms of angina pectoris. *J Clin epidemiol*, 44. 1071-1078.
8. Wool, C.A., Barsky, A.J. Do women somatize more than men? Gender differences in somatization. *Psychosomatics*, 35. 445-452.
9. Wingard, D.L. (Accepted for publication). Patterns and puzzles: the distribution of health and illness among women in the United States. Chapt in Rusez, S., Olesen, V., Clarke, A (eds.). *Women's Health: The Dynamics of Diversity*. Ohio State University Press.
10. Lipton, R.B., Stewart, W.F. (1994). The epidemiology of migraine. *European Neurology*, 34. Suppl 2. 6-11

11. Migraine prevalence. (1994). A review of population-based studies. *Neurology*, 44. 6 Suppl 4. S17-23.
12. Honkasalo, M.L., Kaprio, J., Heikkila, K., Silanpaa, M., Koskenvuo, M. (1993). A population-based survey of headache and migraine in 22,809 adults. *Headache*, 33. 403-12.
13. Stewart, W.F., Lipton, R.B., Celentano, D.D., Reed, M.L. (1992). Prevalence of migraine headache in the United States. Relation to age, income, race, and other sociodemographic factors. *JAMA*, 267. 64-69.
14. National Center for Health Statistics. (1994). Current estimates from the National Health Interview Survey: United States, 1991. *Vital and Health Statistics, Series 10, Number 180*. Public Health Service, Washington DC:US Government Printing Office.
15. Cherpitel, C.J. (1993). Alcohol, injury, and risk-taking behavior: data from a national sample. *Alcoholism, Clinical and Experimental Research*, 17. 762-66.
16. Lanese, R.R., Strauss, R.H., Leizman, D.J., Rotondi, A.M. (1990). Injury and disability in matched men's and women's intercollegiate sports. *Amer J Public Health*, 80. 1459-62.
17. Jones, B.H., Bovee, M.W., Harris J.M.3d, Cowan, D.N. (1993). Intrinsic risk factors for exercise-related injuries among male and female army trainees, 21. 705-10.
18. Ross, J., Woodward, A. (1994). Risk factors for injury during basic military training. Is there a social element to injury pathogenesis? *J Occup Med*, 36. 1120-26.
19. Sanborn, C.F., Jankowski, C.M. (1994). Physiologic considerations for women in sport. *Clinics in Sports Med*, 13. 315-27.

B.7 REPORT TOPIC AREA: The Association of Behavior and Life Style Factors with Menstrual Symptoms

PROPOSED LEAD AUTHORS: Donna Kritz-Silverstein, Ph.D., Deborah L. Wingard, Ph.D., and Frank C. Garland, Ph.D.

ABSTRACT

This present study is designed to overcome the lack of scope in previous studies. It will examine the association of obesity, cigarette smoking, alcohol consumption and exercise with the prevalence of menstrual cycle disorders among a large population based sample of women in the Navy.

HYPOTHESES

It is expected that:

(a) women who are obese as estimated by body mass index (BMI=weight in kilograms/height in meters) will have a greater prevalence of symptoms and a higher prevalence of time lost from work due to symptoms;

(b) women who currently smoke cigarettes will have a greater prevalence of symptoms and time lost from work, whereas women who have never smoked cigarettes will have the lowest prevalence of these variables, and women who are past smokers will be intermediate in their prevalence rates;

(c) there will be no significant differences in the prevalence of menstrual symptoms and the prevalence of time lost from work due to these symptoms by alcohol consumption;

(d) women who engage in moderate exercise will have the lowest prevalence of symptoms the lowest rates of time lost from work due to these symptoms while women who engage in the least amount of exercise are expected to have the greatest prevalence of cramps or pain during the menstrual cycle, abdominal pain, other menstrual disorders and time lost from work due to symptoms and women who have the greatest amount of heavy exercise are expected to report the greatest prevalence of irregular menstrual cycles, missed periods and periods with scanty menstrual flow.

ANALYSIS PLANS

Independent Variables and Covariates:

Age, race, paygrade and rating.

Dependent Variables (in separate analyses):

Cramps or pain during the menstrual period requiring medication or time off work; bleeding between periods; excessive frequency of periods (time between periods too short); heavy periods (excessive menstrual flow); period lasting longer than one week; scanty menstrual flow; irregular periods; other symptoms related to menstrual periods; missing two or more hours from work during the previous 90 days due to symptoms or disorders of the reproductive system; and missing one or more days of work during the previous 90 days due to symptoms or disorders of the reproductive system.

Statistical Analysis:

Age adjusted comparisons of the prevalence rate of each symptom and of time lost from work due to symptoms by quartile of BMI, by cigarette smoking status; by amount and frequency of alcohol consumption; and by exercise will be performed with the Mantel-Haenzel extension test. The age adjusted associations of obesity, cigarette smoking, alcohol consumption and exercise, both alone and in combination with each other, with the prevalence of each symptom and of time lost from work due to symptoms will be examined using logistic regression. To test the possibility of a U-shaped relation between exercise and symptom prevalence, a quadratic component for exercise will be added to the logistic regressions. Analyses will also be performed after adjustment for, and stratification by, race and paygrade/rating.

LITERATURE REVIEW

It has been estimated that 50-85% of the 15 million menstruating women in the United States suffer to one degree or another from dysmenorrhea and other menstrual and premenstrual symptoms [1-3]. For some women, the symptoms associated with the menstrual cycle are severe enough to cause a disruption in their daily activity [2,3]. These symptoms are responsible for more lost work and school hours among women than any other disease entity [1-4]. Approximately 5-10% of all women (almost 3.5-7 million American women) are incapacitated for one to two days each month because of their symptoms [1,5].

Previous studies examining the association between behavioral and life style factors, such as obesity, cigarette smoking, alcohol consumption and exercise, have yielded inconsistent results. For instance, weight loss has been associated with irregular periods and amenorrhea [6,7]. However, obesity has also been associated with amenorrhea and other alterations in the menstrual cycle, such as hypermenorrhea, oligomenorrhea, anovulation, infertility, and premature menopause [8]. Tolino, et al. [8] also reported that obese women have reduced serum levels of FSH, increased LH, increased LF/FSH ratios, decreased levels of sex hormone binding globulin with a resultant increase in free testosterone, and hyperestrogenism due to the increased conversion of androstenedione to estrogen in fatty tissues, all of which could affect the menstrual cycle and its characteristics.

Cigarette smoking has been associated with shorter cycle length, increased dysmenorrhea, and menopause that occurs on average one to two years earlier than for nonsmokers [2,9]. Higher alcohol consumption has been associated with increased premenstrual symptoms [10]; however others have reported no associations between either cigarette smoking or alcohol consumption and dysmenorrhea [9,11,12].

Exercise has been frequently recommended for treatment of dysmenorrhea [13] and several studies have reported a beneficial effect for exercise interventions on the premenstrual syndrome and dysmenorrhea [14-16]. Prior, et al. [14] found that the severity of premenstrual symptoms among sedentary women was decreased after they had participated in a six month physical training program. Israel, et al. [16] found that 12 weeks of an aerobic exercise program reduced symptoms of dysmenorrhea. Johnson, et al. [17] reported that more frequent exercise is related to lower severity ratings of some menstrual symptom clusters, but the intensity of exercise is unrelated to symptoms. However, Jarett, et al. [12] reported that there were no significant differences between women with and without dysmenorrhea in exercise behavior and other studies have associated excessive exercise with delayed menarche, lack of ovulation and the absence of menstrual periods [6,13,18,19].

Because obesity, cigarette smoking, alcohol consumption and exercise are all potentially modifiable characteristics, the demonstration and elucidation of the associations of behavioral and these life style factors with menstrual symptoms represents an important avenue of research. However, most of the previous studies of the association of life style variables with menstrual disorders have relied on small clinic or physician based samples of women, or small samples of college students. There have been relatively few large, population based studies of the association of behavioral and life style variables with dysmenorrhea or other menstrual symptoms.

BIBLIOGRAPHY

1. Budoff, P.W. (1981). No More Menstrual Cramps and Other Good News. New York: Penguin Books.
2. Sundell, G., Milsom, L., Andersch, B. (1990). Factors influencing the prevalence and severity of dysmenorrhoea in young women. *British J Obstet Gynecol*; 97:588-594.
3. Ng, T.P., Tan, N.C., Wansaicheong, G.K. (1992). A prevalence study of dysmenorrhea in female residents 15-54 years in Clementi Town, Singapore. *Annals of the Academy of Medicine, Singapore*; 21:323-327.
4. Dingfelder, J.R. (1982). Treatment of dysmenorrhea. *Hospital Physician*; 73-78.
5. Norris, R.V., Sullivan, C. (1983). PMS/Premenstrual Syndrome. New York: Rowson Associates.
6. Carpenter, S.E. (1994). Psychosocial menstrual disorders: stress, exercise and diet's effect on the menstrual cycle. *Current Opinion in Obstet Gynecol*; 6:536-539.
7. Falsetti, L., Pasnetti E., Mazzani, M.D., Gastaldi, A. (1992). Weight loss and menstrual cycle: clinic and endocrinological evaluation. *Gynecological Endocrinology*; 6:49-56.
8. Tolino, A., Pellicino, M., Rosini, S., Liguori, G., Nappi, C. (1994). Obesity and

- reproduction. *Acta Europaea Fertilitatis*; 25:119-121.
9. Parazzini, F., Tozzi, L., Mezzopane, R., et al. (1994). Cigarette smoking, alcohol consumption, and risk of primary dysmenorrhea. *Epidemiology*; 5:469-636.
 10. Caan, B., Duncan, D. Hiatt, R., et al. (1993). Association between alcoholic and caffeinated beverages and premenstrual syndrome. *J Repro Med*; 38:630-636.
 11. Tate, D.L., Charette L. (1991). Personality, alcohol consumption, and menstrual distress in young women. *Alcoholism. Clin Exper Res*; 15:647-652.
 12. Jarrett, M., Heitkampner, M.M., Shaver, J.F. (1995). Symptoms and self-care strategies in women with and without dysmenorrhea. *Health Care for Women Int*; 16:167-178.
 13. Greene, J.W. (1993). Exercise induced menstrual irregularities. *Comprehensive Therapy*; 19:116-120.
 14. Prior, J.C., Vigna, Y., Sciarretta, D., et al. (1987). Conditioning exercise decreases premenstrual symptoms: A prospective, controlled six month trial. *Fertil Steril*; 47:402-408.
 15. Steege, J.F., Blumentahl, J.A. (1993). The effects of aerobic exercise on premenstrual symptoms in middle aged women: A preliminary study. *J Psychosom Res*; 37:127-133.
 16. Israel, S.L., Sutton, M., O'Brien, P. (1985) Effects of aerobic training on primary dysmenorrhea symptomatology in college females. *J Am Coll Health*; 33:241.
 17. Johnson, W.G., Carr-Nangle, R.E., Bergeron, K.C. (1995). Macronutrient intake, eating habits, and exercise as moderators of menstrual distress in healthy women. *Psychosomatic Med*; 57:324-330.
 18. Keizer, H.A., Rogol, A.D. (1990). Physical exercise and menstrual cycle alterations. What are the mechanisms? *Sports Medicine*; 10:218-235.
 19. Loucks, A.B. (1990). Effects of exercise training on the menstrual cycle: existence and mechanisms. *Med and Science in Sports and Exercise*; 22:275-280.

B.8 REPORT TOPIC AREA: Predicting the Health of Navy Service Women and Men

PROPOSED LEAD AUTHORS: Dorothy J. Jeffreys, Ph.D., Theresa Russo, Ph.D.,
and Frank C. Garland, Ph.D.

ABSTRACT

This study will investigate the appropriateness of different models for predicting the physical and/or emotional health of Navy service members assigned to ships by family composition, developmental stage of children and gender. Other factors hypothesized to affect the service members' health are stress, distress, and formal and informal supports. Covariates also believed to affect the service members' health are demographic (e.g., age, race and education), and military information (e.g., paygrade, length of service, and deployment).

HYPOTHESES

Health issues for service members will differ by formal and informal supports, stress, family composition (single, single with children, married, married with children), development stage of their children (infant, preschool, school age, adolescent), and gender, as well as other demographic factors and military experiences.

Quality of life (global life, job, personal, family, spouse, and children) of service members will be affected by the health, supports, stress, development stage of children and family composition. Other factors affecting the service members quality of life will be demographic and military information.

Comparisons of service women's and men's quality of life and current mental and physical health will be made by supports, stress, family composition, developmental stage of their children, demographic variables and military experiences.

ANALYSIS PLANS

Variables:

The independent variables are family composition (single without children, single with children, married without children, and married with children), developmental stage of children (infant, preschool, school age, and adolescent) and gender (male and female). The dependent variables are physical and mental health status (health conditions during the last 30 days regardless of whether or not they resulted in a visit to sick call or a health care provider, unable to perform military duties for one or more days because of health or emotional problems, and health and physical quality of life); quality of life (job, personal life, life as a whole, family, spouse, and children); and coping ability (during the past two weeks, how well coped with stresses). The covariates consist of four types: demographic (age, education, and race of service member), military

information (length of military service, assignment to ship, status of ship, length of current ship assignment, number of deployments), distress (CES-scale and unable to perform military duties for one or more days because of personal or family problems), and social support resources (relationships with family, friends and peers, associations with organizations, and perceptions of the helpfulness of Navy professionals and personnel).

Analyses:

The basic descriptive and predictive analysis completed in year one of the study will be repeated in year two to determine the continuity of the data. Descriptive data using frequencies, percentages, measures of central tendency and variability will be calculated for all the variables listed above: independent, dependent, and co-variables. The predictive information will be obtained using correlations, analysis of variance, multiple regressions and discriminate analysis.

Based on developmental theory and the analysis in year one, it is assumed that there are different paths for explaining health and its affect on the military members quality of life and retention in the Navy by family composition and age of children. Therefore, the analysis will focus on examining these models by using path analysis.

Theoretical Framework:

Military induced separation is the major dissatisfaction with military life [1,2]. Stress of separation is compounded when the military assignment involves combat duty, extended separation without communication, or service in extremely difficult circumstances. Symptoms of stress related to separation include: increased use of drugs and alcohol; low frustration level when dealing with children; and social isolation [3-6].

The primary conceptual model for examining military induced separation has been the ABC-X family stress model which studied families separated by war [7]. This model has since been modified to the Double ABC-X model for further study of family adaption to stressors [8]. Allying this conceptual model, the primary goal of much of the military family research has been to identify those stressors which families face and the resources used to cope with them. A consistent theme throughout this literature is that these stressors provide the potential for what is identified as "pile up" of family life stressors [8]. Family and behavioral scientists have hypothesized that excessive stressors, particularly within a short period of time, may deplete a family's resources making coping difficult and creating a high probability of family disruption.

Coping skills have been found to decrease vulnerability, strengthen family protective resources, reduce the impact of a stressor event, and actively influence environment to change circumstances [9]. Furthermore, different coping strategies are used across the life cycle [10]. Family adjustment to stressors depends largely on the family resources [11]. Two sets of internal family resources to help families cope with stress are Integration - the strength of a family's common interest, affection and unity; and Adaptability - a family's ability to be flexible in

discussion and decision making [12]. Families may use external resources when they do not have enough internal resources to cope with problems [10]. Social supports, such as extended family and friends may be sought out when family experiences increase stress, while at times of low stress these resources are not as apparent [10]. Olson, et al. [10] also found that at certain stages of the life cycle, primarily during child rearing, families may be more likely to seek out formal support networks, such as formalized programs. Research on military families found families utilized informal support networks of families and friends more frequently than formal support networks [13].

Debate continues over whether or not military families are worse, better, or show little difference when compared to their civilian counterparts because of these stressors. Since the introduction of the ABC-X model [7], the stressors of military families have been labeled nonnormative; however, as has been reported, many of these stressors have become normative to a peace time military [14]. Events such as relocation, long work hours, and training deployment are part of the military life style; therefore, they have become expected or normative stressors. However, military families are also challenged by and often face unexpected or non-normative stressors, such as delay in returning from scheduled deployment, change in training schedule, threat of conflict, or unscheduled deployments.

More recently, a developmental model was introduced into the discussion of military families. Ideas have been presented about a developmental perspective for studying military families [15] and can be paralleled by the developmental attachment theory to the feelings military couples experience when they undergo separation [16]. This developmental model is integrated with the ABC-X model of family stress to better understand the functioning of military families. Military families may cope differently with normative and nonnormative stressors based on their developmental level.

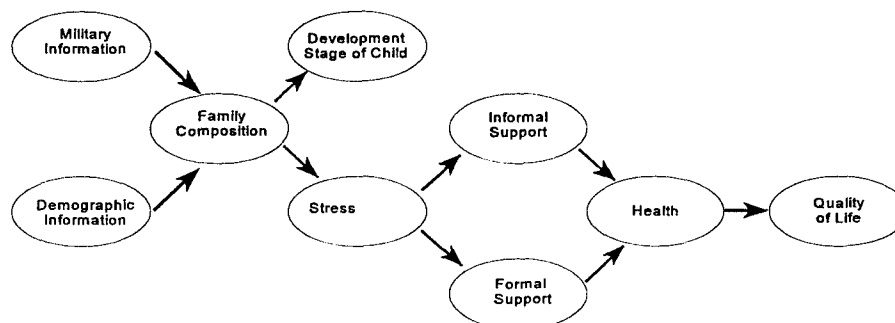
Family Development Theory [17] indicates that families are working on developmental tasks specific to their position in the life cycle. Family development tasks refer to changes that occur related to scheduled events and transitions that most families expect to occur at certain points in the life cycle [11]. The terms position, role, and norm are used to define developmental tasks [18]. Position is related to the location of the individual within the family. Role is the script or part the individual plays related to the position within the family (i.e., mothering, financially providing). Norm is the expectation for behavior shared by family members. Development task can then be defined as "a set of norms arising at a particular point in the career of a position in a social system" [19]. The developmental needs of families change over time as individuals and culture grow and change. The age of the oldest child is used to identify the stage of the family life cycle and define the tasks. For example, during the preschool stage, families are oriented toward the growth and nurturance of children, with parents as the primary source of information and control, while families with adolescents are dealing with the demands of preparing to launch their teenagers from home [10]. The first child typically introduces the demands for family changes based on his/her developmental level [19]; however, families with subsequent children will have the added complexity of multiple developmental tasks.

The work and family role demands of adulthood are a stage of the life cycle. Work-family conflicts increase as one's obligations to family increase through marriage and the arrival of children [20]. The roles of work and family are both demanding and, therefore, conflict may arise from the simultaneous role demands [21]. This conflict may aggravate married life, resulting in lower levels of marital and family satisfaction, as well as creating job stress and physical strain [21]. It is also suggested that interrole conflict may be greater for working wives than working husbands [22]. This difference may be linked to the shift in family life cycle patterns created as the role of women in the family and society changes. McGoldrick and Carter [11] suggest that women's individual life cycle tasks were linked almost exclusively to their child rearing stages; whereas for men, their age identified their individual life cycle tasks. Having had primary responsibility for home, family and child care, women struggle to establish goals beyond those of family. The goals of career and family have been parallel for men, whereas women may have difficulty maintaining their role in the family while establishing a role outside the family. As a result, women have been the most prone to difficulty during life cycle transitions [11].

It is likely that most stressors experienced by nonmilitary families will also be common for military families; however, there may be specific stressors for military families throughout the life cycle. For example, it is suggested that newly married couples who are not yet attached to each other will have more difficulty coping with separation [16]. Research also suggests that families tend to adapt better after experiencing separation [6]. Additionally, quality of military life as perceived by the spouse and family has been found to be related to the service members' job performance and retention [23,24]. This has significant implications in that families who do not adapt well to military life style may have poor health, perform poorly in their job, have poor family relationships, and/or separate from the military.

There are two extremely relevant issues related to the deployment of women. The first includes the phenomenon that the military is deploying increased numbers of service women for training, humanitarian, and combat reasons. The second deals with the problem that very little research has addressed separation issues faced by service women and their families. Consequently, questions remain unanswered as to the interaction between family relations and the physical health, mental health, and military experience of service women. The following figure illustrates factors that are felt to be relevant for predicting the health and well being of military members as a result of the following literature review and the analysis completed on data collected in year one of the study.

Figure 1. Developmental Model.



LITERATURE REVIEW

Deployment Issues for Family:

The family environment issue is important to include when discussing effects of separation. Evidence clearly supports the hypothesis that separation may affect the health of all family members [3,4,25]. Overall, research has shown that military families may be more susceptible to spousal and child abuse, substance abuse and illnesses because of the stress induced by separation [4,3,25-27]. The majority of this research, however, has focused primarily on the female spouse, rather than the military member, male or female. Little is known or discussed about how the military member deals with separation and the influence this may have on their health. The GAO report also identified sources of stress for both deployed men and women as uncertainty of war; SCUD missile alerts; being away from families and friends; austerity of physical environment; lack of mail; rumor; military family policy; and uncertainty about when personnel would return home [28]. The report further cited that differences in ability to cope with stress of deployment seem to be more related to individual abilities rather than to gender. It is also suggested that women may face more stress related illnesses than men due to feeling pressure to prove themselves, role conflict to perform like a man, and the need to conform to the standards of femininity held by men [29,30]. These stress related illnesses seem more common for women assigned to traditional jobs than to nontraditional jobs [31].

Similar to research on physical health and family issues related to military separations, the primary focus of mental health aspects has been on the spouse (primarily wife) and children of the deployed service member. Studies found family problems among children and spouses of service members to include phobias, somatic complaints, increased depression, anxiety, grief, anger, guilt, sleep disturbance, and loneliness [3,4,26,32]. The level of stress caused by separation varies depending on the nature of the deployment (i.e., length of separation; combat or training deployment). Despite the lack of research dealing with service member stress, all indications are that they do experience a great deal of stress. Their stress is twofold. The first relates to feelings about separation and job, while the second deals with the concern over the well being of the family [28].

Marital Relations:

The stress of separation has a major impact on the marital relationship. Again, the majority of research has focused on wives of service men rather than on the service member or even husbands of service women. The absence of the military service member creates ambiguity of boundaries and roles, and may create a great deal of conflict. Common problems for military spouses are loneliness, problems with children and physical illness [33]. Newly married couples are particularly vulnerable to disruption caused by separation because they have had less time to solidify their relationship. Correlational to the life cycle, couples experiencing their first separation are likely to experience more negative effects than couples who have undergone

multiple separations. Separation may, however, have beneficial effects, such as allowing for individual growth and for enhancement of the marital relationship [33].

Research on occupational commitment and marital adjustment found that perceptions of both men and women were that higher levels of occupational commitment by wives adversely affected marital adjustment [34]. This finding was consistent with another study which found that greater work involvement of the wife (measured by hours worked per week) negatively affected the marital relationship [35]. It is possible that these problems may be even greater for service women who experience extended separation from their families due to deployment.

Research on maternal employment suggests that if a mother is satisfied in her employment then this spills over into her family life. One study found that mothers who were satisfied with their jobs were more autonomous and less anxious on reunion with their infants after separation [36]. A study assessing depression in working women, found that depression was more common in women who were working outside of the home and who held a more traditional view of what their role should be within the family [37]. The fact that mission readiness weighs heavily on the ability of personnel to focus on their duty must be recognized [38]. It is crucial that military personnel feel confident that their well being, as well as the well being of their families, is an important concern and priority of their commanders.

Role Strain and Social Supports:

Research on role strain regarding women is related primarily to the multiple roles that women fulfill within the family and in their professional lives [39,40]. Additional research indicates that significant role strain exists for women who are single mothers, and for married women with young children. Research conducted by Menniger [40] indicates that flexibility in scheduling in the work place can greatly reduce the role strain that women experience. This finding further supports the need for research regarding the role strain and support which do or do not exist for women in the military.

Children and Separation From Their Parents:

The literature regarding military separation and children focuses on father absence and the reaction of the child to the separation. Moreover, what has been reported is inconclusive because a child's emotional and behavioral problems are not assessed prior to the father's absence [41]. Additionally, little has been reported on mother absence. What has been reported is that children manifest both emotional problems and behavioral problems [42-44]. However, these problems are correlated with length of separations and number of separations. Lengthy separations appear to bring about more detrimental effects than shorter ones [43], while first time separations may be the most difficult [44].

Studies have also suggested that children exhibit more behavioral and emotional problems when the mother experiences difficulties handling management of daily activities [45,46]. Some

research suggests that the emotional development of each parent, as well as the stability of their marriage, contributes to a child's emotional development and resiliency [47]. Extrapolations from research on father absence can be made to assess the effects of a mother's absence on her children, but the implications could be more severe in nature. It can be anticipated that if children are negatively affected by separations from parents, the parent will in turn be affected.

With regard to maternal employment, research suggests that children whose mothers are employed full time are at risk for developing insecure attachments to their mothers, are more disobedient toward adults, and more aggressive toward peers [48,49]. Research has found that mothers who prefer to be employed may become less anxious about separation from their infants because the two roles of mother and employee are integrated, as well as denial of anxiety about leaving the infant to pursue a career [50,51].

Child Care:

There are a number of problems associated with child care in the military [38]. More than one-half of the U.S. military installations do not have organized child care centers, while those which do provide on-site child care only meet about 60% of the demand. Additionally, extended waiting lists, hours which do not correspond with duty hours, and high costs signal this as an area of concern. Child care issues become compounded in times of deployment. When a service woman deploys, if married, she must be able to rely on her spouse to provide primary care. If she is a single parent or married to another service member who is susceptible to deployment, she must ensure that sound child care arrangements are in place. Child care was found to be significantly related to multiple role strain for working women [39]. There is limited research to substantiate the effectiveness of child care arrangements and to the extent this issue impacts service women's retention decisions.

BIBLIOGRAPHY

1. Defense Manpower Data Center: Description of spouses of officers and enlisted personnel in the U.S. selected reserve (1985).
2. Lund, D.A. (1978). Junior officer retention in the modern volunteer Army: who leaves and who stays? In *Military Families: Adaption to change*, Hunter E.J. and Nice, D.S., Editors, pp 32-41. New York: Praeger.
3. Nice, D.S., Beck, A.L. (1980). Feelings of Depression in Navy Wives Prior to Separation. Report published by USN-Naval Health Research Center, San Diego, Ca.
4. Hunter, E.J. and Pope, M.A. (1981). Family Roles in Transition In a Changing Military. Report No. USIU-TR-81-02. Department of the Navy and the Department of the Air Force.
5. McCubbin, H.I., Dahl, B.B. (1976). Prolonged family separation: A longitudinal study. McCubbin, H.I., Dahl, B.B., Hunter, E.J. (Eds). *Families in the military system*. Beverly Hills, CA: Sage Publications.

6. Black, W.G. (1993). Military induced family separation. A stress reduction intervention. *Social Work*; 38:273-80.
7. Hill, R. (1949). *Families Under Stress*. New York: Harper.
8. McCubbin, H.I., Patterson, J.M. (1982). Family adaption to crisis. McCubbin, H.I., Patterson, J. (Eds): *Family stress, coping and social support*. Springfield, IL: Charles C. Thomas Publishers.
9. McCubbin, H.I., Joy, C., Cauble, A., Comeau, J., Patterson, J., and Needle, R. (1980) Family stress and coping: A decade review. *Journal of Marriage and the Family*; 38: 461-471.
10. Olson, D.H., McCubbin, H.I., Barnes, H.L., Larsen, A.S., Muxen, M.J., and Wilson, M.A. (1989). *Families: What makes them work*. Newbury Park, CA: Sage Publications.
11. McGoldrick, M. and Carter, E.A. (1982). *The family life cycle*. Walsh F. *Normal Family Processes*. New York: The Guilford Press.
12. McCubbin, H.I., Boss, P., Wilson, L., et al. (1980). Developing family invulnerability to stress: Coping patterns and strategies wives employ. Trost, J. (Ed), *The family and change*. Sweden: International Library.
13. Segal, M.W., Harris, J.J. (1993). What we know about Army families. Special Report No. 21. Alexandria, VA: U.S. Army Research Institute for the Behavioral and Social Sciences.
14. Blaisure, K.R., Arnold-Mann, J. (1992). Return and reunion: A psychoeducational program aboard U.S. Navy ships. *Family Relations*; 41:178-85.
15. Gade, P. (1992). Study of family adaption in the U.S. military: is a fresh perspective needed? Presentation at National Council on Family Relations. Orlando, FL.
16. Vormbrock, J.K. (1993). Attachment Theory as Applied to Wartime and Job Related Marital Separation. *Psychological Bulletin*; 114:122-44.
17. Duvall, E.M. (1962). *Family Development* (2nd ed). Philadelphia: J.B. Lippincott Company.
18. Hill R., and Rodgers, R.H. (1964). The developmental approach. H.T. Christensen (Ed) *Handbook of Marriage and the Family*. Chicago: Rand McNally & Company.
19. Rowe, G.P. (1981). The developmental conceptual framework to the study of the family. Nye, F.I. and Berardo, F.M.: *Emerging conceptual frameworks in family analysis*. New York: Praeger.
20. Higgins, C., Duxbury, L., Lee, C. (1994). Impact of life cycle stage and gender on the ability to balance work and family responsibilities. *Family Relations*; 43: 144-50.
21. Steffy, B.D., Ashbaugh, D. (1986). Dual career planning, marital satisfaction, and job stress among women in dual career marriages. *Journal of Business and Psychology*; 1:114-23.
22. Graddick, M.M., Farr, J.L. (1983). Professionals in scientific disciplines: sex-related differences in working life commitments. *J Appl Psychol*; 68:641-645.
23. McKain, J.L. (1976). Alienation: a function of geographical mobility among families. McCubbin, H.I., Dahl, B.B., Hunter, E.J. (Eds). *Families in the Military System*. Beverly Hills, CA: Sage Publication.

24. Orthner, D.K. (1980). Quality of life in the military. National Council on Family Relations. Preconference Workshop proceedings Report. Greenboro, NC.
25. Snyder, A.I. (1981). Periodic marital separation and physical illness. *Am J. Orthopsychiatry*; 48:637-43.
26. Abbe, J.S., Naylor, G.S., Gavin, M., et al. (1986). Temporary parental absence and health care utilization: A cohort controlled study. *Mil Med*; 151:469-72.
27. Griffin, W.A., Morgan, A.R. (1988). Conflict in maritally distressed military couples. *The American Journal of Family Therapy*; 16:14-22.
28. United States General Accounting Office Report to the Secretary of Defense. (1993). Women in the military: Deployment in the Persian Gulf War.
29. Thomas, PJ (1980). Integration at sea. Paper presented at the American Psychological Association, Montreal.
30. Coye, B.F. (1980). The role of women in the Navy in the 1980s and 1990s. Paper presented at Fourth Annual Seminar at the Center for Oceans Law and Policy. University of Virginia.
31. Hoiberg, A. (1984). Health status of women in the U.S. military. *Health Psychology*; 3:273-87.
32. Nice, D.S. (1983). The course of depressive affect in Navy wives during family separation. *Mil Med*; 148:341-43.
33. Segal, M.W. (1986). The military and the family as greedy institutions. *Armed Forces and Society*; 13:9-38.
34. Ladewig, B.H., McGee, G.W. (1986). Occupational commitment, a supportive family environment, and marital adjustment: Development and estimation of a model. *Journal of Marriage and the Family*; 48:821-29.
35. Booth, A., Johnson, D.R., White, L., et al. (1984). Women outside employment and marital instability. *American Journal of Sociology*; 90:567-83.
36. Wille, D.E. (1992). Maternal employment impact on maternal behavior. *Family Relations*; 41:273-77.
37. Krause, N., Geyer-Pestello, H. (1985). Depressive symptoms among women employed outside the home. *American Journal of Community Psychology*; 13:49-67.
38. Stremlow, M.V. (1990). Coping with sexism in the military. New York, NY: The Rosen Publishing Group.
39. Googins, B., Burden, D. (1987). Vulnerability of working parents: Balancing work and home roles; 58:497-501.
40. Menniger, E.W. (1994). The impact of the family on careers in psychiatry. *Bulletin of the Menniger Clinic*; 58:497-501.
41. Jensen, P.S., Grogan, D., Zenakis, S.N., et al. (1989). Father absence: Effects on child and maternal psychopathology. *American Academy of Child and Adolescent Psychiatry*; 28:171-75.
42. Hillenbrand, E.D. (1976). Father absence in military families. *The Family Coordinator*; 25:451-58.

43. Jensen, M.P., Lewis, C.R., Xenakis, L.S. (1986). The military family in review: Context, risk, and prevention. *Journal of the American Academy of Child Psychiatry*; 25:225-34.
44. Field, T.M. (1991). Young children's adaptations to repeated separations from their mothers. *Child Development*; 62:539-47.
45. McCubbin, H.I., Dahl, B.B. (1976). Prolonged family separation. A longitudinal study. H.I. McCubbin, B.B. Dahl, E.J. Hunter (Eds). *Families in the military system* (pp 112-44). Beverly Hills, CA: Sage Publications.
46. Jensen, P.S., Bloedau, L., Degroot, J., et al. (1990). Children at risk. I. Risk factors and child symptomatology. *Journal of the American Academy of Child and Adolescent Psychiatry*; 29:51-59.
47. Amen, D.G., Jellen, L., Merves, E., et al. (1988). Minimizing the impact of deployment separation on military children; Stages, current preventive efforts, and system recommendations. *Mil Med*; 153: 441-46.
48. Belsky, J., Rovine, M. (1990). Patterns of marital change across the transition to parenthood: Pregnancy to three years postpartum. *Journal of Marriage and the Family*; 52:5-19.
49. Belsky, J., Eggebeen, D. (1991). Early and extensive maternal employment and young children's socioemotional development: Children of the national longitudinal survey of youth. *Journal of Marriage and the Family*; 53: 1083-1110.
50. DeMeis, D.K., Hock, E., McBride, S.L. (1986). The balance of employment and motherhood: Longitudinal study of mothers' feelings about separation from their first born infants. *Developmental Psychology*; 22:627-32.
51. McBride, A.B. (1990). Mental health effects of women's multiple roles. *American Psychologist*; 45:381-84.

B.9 REPORT TOPIC AREA: Normative Comparisons of Psychological Symptomatology in Navy and Army Women and Men: Effects of Gender, Demographic Characteristics, and Deployment History

PROPOSED LEAD AUTHORS: Kathleen M. Wright, Ph.D., and Frank C. Garland, Ph.D.

ABSTRACT

Report 2 augments the normative data base for the psychological symptoms and subscales on the self-reported symptom inventory presented in Report 1. Secondary analyses include a factor analysis of the inventory to examine the internal structure of the instrument for the population of Navy respondents, and a detailed comparison of symptom reports organized by specific demographic categories. Comparisons with the expanded Army data base of male and female soldiers, and risk status based on global indices of psychological distress from the symptom inventory will be examined. The additional Navy survey respondents expand the sample of those with a history of military deployments, enabling further assessment of deployment as a risk factor.

HYPOTHESES

Establishing appropriate symptom norms for service members and comparing the effects of deployment for large sample across a wide variety of operations may contribute to the development of the following objectives:

- Doctrine and training concepts to enhance the service member's psychological ability to withstand the stresses of high risk force projection deployments;
- Preventive doctrine and effective medical and leadership practices to mediate the stresses of deployment for service members and their families;
- Taxonomy and scaling of deployment events and exposures that can lead to problems in post deployment psychological adaption of service members and families;
- Doctrine and training for rapid intervention and prevention of post-traumatic stress symptoms for leaders and medical personnel operating during deployments;
- Rapid assessment and triage techniques for service members and groups exposed to trauma to determine the need for and scale of medical intervention;
- Profile of subpopulations at risk for post deployment stress symptoms or reactions.

ANALYSIS PLANS

Analysis plans for Report 2 include the addition of new survey respondents to augment the preliminary normative data base established for Navy service members on the self-reported symptom inventory described in the first report. Additional comparisons will be made with the currently expanded Army data base collected for male and female soldiers over the course of several different deployments: Operations Desert Shield/Desert Storm; Operation Restore Hope, Somalia; Operation Vigilant Warrior, Kuwait; and Operations Restore Democracy, Haiti. The additional Navy data will expand the sample of respondents with a history of military deployment, enabling further assessment of this experience as a risk factor with consequences for post-deployment psychological adaption. Correspondingly, risk status based on global indices of psychological distress from the symptom inventory will be compared across gender and other demographic variables, forming the preliminary samples to be followed during the Time 2 data collection.

Normative Data Analyses

Augment the preliminary gender based norms described in Report 1 for Navy Personnel to include:

- Compare results on the nine symptom dimensions and the Global Severity Index as reported in the symptom inventory to determine differences based on gender and other demographic factors.
- Perform a factor analysis using the complete data base of Navy respondents to assess the internal structure of the symptom inventory and to verify the hypothesized dimensions.
- Compare mean differences using t-tests on the nine symptom dimensions and the Global Severity Index for the completed sample of Navy service members collected at Time 1, and between the Navy respondents and samples of Army personnel surveyed during deployment.
- Assess the effects of previous deployments on current psychological status, to include the effects of a past history of multiple deployments.

Risk Status Analyses

Identify high and low risk groups based on self-reported symptoms to be compared with Time 2 longitudinal follow up of respondents.

- Determine whether there are gender differences in risk indicators.

- Determine whether risk status relates to a history of previous deployments.
- Relate risk status to health symptoms and performance.

LITERATURE REVIEW

Several recent studies include samples of service members with data collected during or after deployment using the same symptom inventory as the current Navy study. A brief review indicates areas of comparison with the Navy data and highlights the importance of collecting prospective data and establishing risk status for follow up.

The Department of Military Psychiatry conducted an extensive research program before, during and after Operation Desert Storm (ODS). Approximately 13,000 deployed soldiers completed surveys rating stresses during and after ODS, individual morale and competence, unit cohesion, and leader effectiveness, and assessed personal resilience, coping strategies, and stress related symptoms. The surveys were supplemented by interviews conducted in Southwest Asia and one year post return at home stations. Analyses indicated that the stress of the deployment was more significant than that of the ground war, and that fewer than three percent of respondents would meet diagnostic criteria for Post Traumatic Stress Disorder (PTSD). Those who responded to the symptom inventory in a manner consistent with PTSD were more likely to report greater combat exposure, lower personal resilience, and lower unit cohesion. Comparisons with subjects who had not deployed indicated that despite the difficult deployment and the trauma of combat, the overall population was basically healthy and well adjusted.

Most soldiers surveyed had adapted well since ODS and the vast majority were not experiencing major psychological distress. However 10-15% of the sample appeared more stressed than their peers, and attributed more of their stress to the deployment. Some soldiers were reporting psychological distress or persistent unexplained physical symptoms - enough to be an issue of concern to them and to care providers. Factors found to related to successful coping included: fewer reported symptoms before the ground war began; less reported combat exposure; post combat or post deployment debriefing; unit cohesion; and personal hardiness. In general, more current life stresses, such as unit issues, leadership, and military downsizing, overshadowed the Desert Storm deployment experiences [6,17].

Additional research conducted during more recent deployments is described in a recent report, Psychological Well-being and Physical Health of Soldiers Deployed for Operation Uphold Democracy: A Summary of Human Dimensions Research in Haiti [7]. The study compared the Global Severity Index score on the symptom inventory across several Army deployments finding differences based on the particular deployment experience, with the pre-combat phase of Operation Desert Shield showing the highest symptom ratings. When the researchers examined soldier characteristics in relating to a particular deployment, they found the primary symptom rating differences related to rank, with soldiers in the ranks of Private to Specialist/Corporal

reporting significantly higher levels of psychological distress than senior enlisted, company grade, or field grade officers. When rank was controlled, there were no differences based on age, gender, or marital status.

In related analyses, the critical differences on global symptom measures were found between those soldiers who had deployed versus those who had not, despite gender [14]. Similarly, a study directed by the OSD/HA comparing active duty and reserve personnel across services, found the critical difference in reported symptoms to be related to the experience of deployment. The 710 deployed service members were primarily from Hawaii with the largest number drawn from the Marine Corps and the Navy. The non-deployed service members numbered 1,544 and came primarily from the Marine Corps, Navy and Air Force [8]. These data will provide comparisons with the current Navy data base since many respondents have the same service experience.

Brief Symptom Inventory (BSI)

The symptom inventory used in the current Navy study and in the research on deployment discussed above is a 53 item self report scale of symptoms [4] derived from the 90 item Symptom Check List (SCL-90-R) [2]. Respondents are requested to rate the items on a five point scale of distress, ranging from "none" (0) to "extreme (4), using the past week as a time frame for assessment. The BSI has been used extensively in both research and clinical practice to determine symptom profile for psychiatric and medical patients, and nonpatient populations [1,5,9,10,11,12,13,15,16]. Derogatis and Melisaratos [3], in their frequently cited introductory report, include an overview of studies using the BSI, analyses demonstrating high reliability with the SCL-90 ranging from 0.92 to 0.99 indicating that both inventories measure the same constructs, and convergent validity between the symptom dimensions of the BSI and the clinical scales of the MMPI. The report also includes normative data for psychiatric inpatient, outpatient and nonpatient populations.

The BSI includes nine symptom dimensions or subscales: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism, as well as three global indices of psychological distress. Those using the BSI as an outcome measure can assess respondents using either symptom profiles based on subscale scores, or the global indices to determine overall distress level. Internal consistency for all nine symptom dimensions is acceptable with alpha coefficients ranging from a low of 0.71 on the Psychoticism dimension, to a high of 0.85 on Depression. Test-retest reliability over a two week period ranged from a low of 0.68 for Somatization, to a high of 0.91 for Phobic Anxiety. The Global Severity Index (GSI) reveals a stability coefficient of 0.90 giving strong evidence for the consistency of the BSI across time [4].

BIBLIOGRAPHY

1. Del-Vecchio Good, M.G., B.J. and Clearly, P.D. (1987). Do Patients attitudes influence

physician recognition of psychosocial problems in primary care? *The Journal of Family Practice*; 25(1):53-59.

2. Derogatis, L.R. (1977). *The SCL Manual I: Scoring, administration and procedures of the SCL-90*. Baltimore: Clinical Psychometric research.
3. Derogatis, L.R. and Melisarator, N. (1983). The brief symptom inventory: an introductory report. *Psychological Medicine*; 13:595-605.
4. Derogatis, L.R. and Spencer, P.M. (1982). *The Brief Symptom Inventory (BSI): Administration, scoring and procedure manual - I*. Baltimore, MD: Clinical Psychometric Research.
5. Francis, V.M., Rajan, P., and Turner, N. (1990). British community norms for the Brief Symptom Inventory. *British Journal of Clinical Psychology*; 29:115-116.
6. Gifford, R.K., Marlowe, D.H., Wright, K.M., Bartone, P.T., Martin, J.A. (1992, December). Unit cohesion in Operations Desert Shield/Desert Storm. *Journal of the Army Medical Department*; 11-13.
7. Halverson, Bliese, Moore and Castro. (1995). Psychological Well-being and Physical Health of Soldiers Deployed for Operation Uphold Democracy: A Summary of Human Dimensions Research in Haiti. [Ed. Note: Initials of authors missing]
8. Marlowe, D.H., Knudson, K., Wright, K.M., Stretch, R.H., Bliese, P.D. and Hoover, C.H. (1994, May). The General Well-being of Gulf War Era Veterans from the States of Pennsylvania and Hawaii: A Survey. Report prepared for the Office of the Assistant Secretary of Defense for Health Affairs, USMRMC, Ft. Detrick, MD.
9. Marziali, E.A. (1984). Prediction of outcome of brief psychotherapy from therapist interpretive interventions. *Archives of General Psychiatry*; 41: 301-304.
10. Norbeck, J.S. (1985). Types of sources of social support and managing job stress in critical care nurses. *Nursing Research*; 34(4):225-230.
11. Royse, D., and Drude, K. (1984) Screening drug abuse clients with the Brief Symptom Inventory. *The International Journal of the Addictions*; 19(8): 849-885.
12. Sable, P. (1989). Attachment, anxiety, and loss of a husband. *American Journal of Orthopsychiatry*; 59(4): 550-556.
13. Stefanek, M.E., Derogatis, L.P., and Shaw, A. (1987). Psychological distress among oncology outpatients. *Psychosomatics*; 28(10): 530-539.
14. Stuart, J. and Halverson, R. (In press). Psychological status of deployed and nondeployed U.S. Army Soldiers. *Journal of Military Medicine*.
15. Wood, W.D. (1982). An attempt to validate the psychoticism scale of the Brief Symptom Inventory. *British Journal of Medical Psychology*; 55:367-373.
16. Wood, W.D. (1986). Patterns of symptom report on the Brief Symptom Inventory. *Psychological Reports*; 58:427-431.
17. Wright, K.M., Marlowe, D.H., Martin, J.A., Gifford, R.K., Belekny, G.L. and Manning, F.I. (1985). Operation Desert Shield: A summary report. (TR 95-0019). Walter Reed Army Institute of Research, Division of Neuropsychiatry, Washington, D.C., DTIC AD# ADA303327.

B.10 REPORT TOPIC AREA: Availability of Gynecological Supplies and Other Issues Related to the Reporting Requirements of the Department of the Navy's Policy on Pregnancy

PROPOSED LEAD AUTHORS: Frank C. Garland, Ph.D., David Timberlake, M.P.H., and Diana R. Simmes, M.P.H.

ABSTRACT

This year two report will address issues pertinent to the Department of the Navy's Policy on Pregnancy, including the availability of gynecological supplies, counseling, and gynecological appointments.

HYPOTHESES

This is primarily a descriptive study which will report on: (1) the perceived availability of gynecological supplies, counseling, and appointments; (2) pregnancy testing and results; and (3) motivation underlying pregnancy.

ANALYSIS PLANS

This descriptive report is drawn from the data elements in two surveys; the U.S. Navy Shipboard Health Survey and the Anonymous Supplemental Health Care Behavioral Survey. Frequency counts and percentages will be computed for the following variables: availability of gynecological supplies, availability of various types of counseling, requests for OB/GYN appointments, suspicion of pregnancy, pregnancy tests and results, use of birth control, and reasons for becoming pregnant. The perceived availability of gynecological supplies, counseling and appointments will be measured by assessing agreement or disagreement on whether or not these services are readily available. A five point Likert-type scale will be utilized, with 1=strongly agree, 2=agree, 3=neither agree nor disagree, 4=disagree, and 5=strongly disagree.

METHODS

Population

All women serving aboard U.S. Navy ships were eligible for inclusion in the survey portion of the study during Year 1. An equal number of men serving aboard ship matched on relevant characteristics were also eligible. The Navy Bureau of Personnel (PERS-OOW) provided a listing of all ships with women assigned aboard; this listing was verified with respective Fleet Surgeons and Force Medical Officers. A total of 74 ships with 7,944 women and 69,012 men assigned were determined to be eligible for inclusion in the study.

The first part of this report, which addresses the availability of counseling, gynecological

supplies, and gynecological appointments in the U.S. Navy Shipboard Health Survey, is based on the first 36 ships surveyed. These ships were surveyed based on availability as determined by the Commanding Officer and Medical Department of each ship. The ships surveyed included USS BARRY, USS CAMDEN, USS CAPE COD, USS COMSTOCK, USS CORONADO, USS CURTIS WILBUR, USS DIXON, USS EMORY S. LAND, USS GRAPPLE, USS GRASP, USS HOLLAND, USS KISKA, USS L.Y. SPEAR, USS MONONGAHELA, USS MOUNT BAKER, USS MOUNT HOOD, USS PLATTE, USS RANIER, USS SANTA BARBARA, USS SHENANDOAH, USS SUPPLY, AND USS YELLOWSTONE. These 36 ships had 5,510 women and 18,443 men assigned aboard.

The second part of this report, which addresses pregnancy testing, is based on the Anonymous Supplemental Health and Behavioral Study. This survey consists of four sections which include demographic data, birth control, STD prevention, and a section designated for women's issues (birth control, pregnancy testing, and motivation). This report is restricted to the population of women who participated in the surveys.

Survey Development

Several methods were used for the development of the U.S. Navy Shipboard Health Survey used in this study, including the following: (1) review of extant questionnaires, literature, and standard scales; (2) convening of a panel of subject matter experts; (3) elicitation of major issues from knowledgeable sources; and (4) review of Navy requirements concerning the reporting of women's health and access to health care.

A careful review of the Department of the Navy's Policy on Pregnancy [1] was performed to determine the relevant reporting requirements.

Survey Administration

The overall administration plan included the distribution of individually identified packets with all necessary materials to each study subject. Whenever possible, study subjects were brought together in a common location aboard ship, briefed on the study, asked to sign informed consent, and to complete the survey while study coordinators were present. When, due to shipboard activity, it was not practical for all study subjects to remain in one area, surveys were distributed, and the participants allowed to fill them out in work spaces. The completed surveys were collected by study staff in sealed envelopes in all cases.

Response Rates

The overall median response rate for women was 67.4%. Participation rates varied by the number of women serving aboard ship. Ships with fewer than 100 women assigned had an overall median response rate of 74.7% compared to ships with more than 100 women assigned, which had an overall median response rate of 49.6%.

LITERATURE REVIEW

None.

BIBLIOGRAPHY

1. Secretary of the Navy, SECNAV Instruction 1000.10, "Department of the Navy (DoN) Policy on Pregnancy," dated 06 February 1995.

APPENDIX C

Health Data Collection Instruments

APPENDIX C

Health Data Collection Instruments

- C.1 Follow-up Survey Instrument, Form WA
- C.2 Follow-up Survey Instrument, Form MA
- C.3 Follow-up Survey Instrument, Form WB
- C.4 Follow-up Survey Instrument, Form MB
- C.5 Follow-up Survey Instrument, Form WC
- C.6 Follow-up Survey Instrument, Form MC
- C.7 Follow-up Survey Instrument, Form WD
- C.8 Follow-up Survey Instrument, Form MD
- C.9 TWA Flight 800 Recovery Operations, Form WB G
- C.10 TWA Flight 800 Recovery Operations, Form MB G

APPENDIX C.1

Follow-up Survey Instrument, Form WA

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form WA, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)
 - 1 ☐ Never married
 - 2 ☐ Married
 - 3 ☐ Separated
 - 4 ☐ Divorced
 - 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

		Warrant		
<u>Enlisted</u>		<u>Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?
 Number of men: ____ Number of women: ____

- 7a. To what ship or command are you currently assigned?

- 7b. What is your department? (*Check one box*)

1 <input type="checkbox"/> Administration	6 <input type="checkbox"/> Navigation
2 <input type="checkbox"/> Air	7 <input type="checkbox"/> Operations
3 <input type="checkbox"/> Communications	8 <input type="checkbox"/> Reactor
4 <input type="checkbox"/> Deck	9 <input type="checkbox"/> Repair
5 <input type="checkbox"/> Engineering	10 <input type="checkbox"/> Supply
	11 <input type="checkbox"/> Other (<i>Please specify</i>): _____

8. How long have you been assigned to this ship or command?
 Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

3 ☐ In port other than home port

2 ☐ At sea

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

_____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: _____ Day: _____ Year: 199 _____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the past 30 days whether or not it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No

2 ☐ Yes

Common cold symptoms

b. 1 ☐ No

2 ☐ Yes

Dizziness

c. 1 ☐ No

2 ☐ Yes

Chills

d. 1 ☐ No

2 ☐ Yes

Cough

e. 1 ☐ No

2 ☐ Yes

Sore throat

f. 1 ☐ No

2 ☐ Yes

Fever

g. 1 ☐ No

2 ☐ Yes

Flu

h. 1 ☐ No

2 ☐ Yes

Diarrhea lasting at least 3 days

i. 1 ☐ No

2 ☐ Yes

Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |

- bb. 1 ☐ No 2 ☐ Yes Headache:

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |

- | | | |
|-------------------------------|--------------------------------|--|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
|-------------------------------|--------------------------------|--|

- | | | |
|-------------------------------|--------------------------------|---------------------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
|-------------------------------|--------------------------------|---------------------------------|

Was your headache accompanied by:

- | | | |
|-------------------------------|--------------------------------|----------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (*Please check either "no" or "yes" for every condition*)

- a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
b. 1 ☐ No 2 ☐ Yes Sore throat, viral
c. 1 ☐ No 2 ☐ Yes Cough, viral
d. 1 ☐ No 2 ☐ Yes Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(*Please check either "no" or "yes" for every condition*)

- a. 1 ☐ No 2 ☐ Yes Health problem
b. 1 ☐ No 2 ☐ Yes Emotional problem
c. 1 ☐ No 2 ☐ Yes Personal problem
d. 1 ☐ No 2 ☐ Yes Family problem
e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (*Please check one box on each line. If you check "Yes," please write your age at first diagnosis*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 2 ☐ Chronic physical illness, not OB-GYN . . No. of visits: ①②③④⑤ or more
 3 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 4 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 5 ☐ Acute injury No. of visits: ①②③④⑤ or more
 6 ☐ Psychological or emotional condition . . . No. of visits: ①②③④⑤ or more
 7 ☐ Pregnancy test or to pick up test kit . . . No. of visits: ①②③④⑤ or more
 8 ☐ OB-GYN care No. of visits: ①②③④⑤ or more
 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
 (*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

OCCUPATIONAL EXPOSURES

19. Have you been exposed during the **past 30 days** to any of the factors listed below?

If yes:

Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
a. Adhesives or gluing compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Asbestos (loose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Carbon monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Diesel exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Diesel fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Dry cleaning solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Exhaust from gasoline engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Gasoline (liquid or vapor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Guided missile fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. High temperature (above 95° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. Hypodermic needles (used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. Insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. Jet exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. Jet fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. Lifting 25 - 49 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. Lifting 50 or more pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. Loud noise (such as jets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. Low temperature (below 32°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. Metal scrapings or filings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

19. -- Continued -- Have you been exposed during the past 30 days to any of the factors listed below?

				If yes:	
Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
t. Paint (oil based) or thinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. Paint, other or unknown type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. Paint scrapings or paint sanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. Solvent or degreaser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
x. Torpedo fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
y. Other chemicals (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
z. Video display terminal (VDT, CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
aa. Welding fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
bb. Dust or particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
cc. Explosives (nonnuclear) within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
dd. Nitrous oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ee. Ethylene dibromide (EDB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ff. Perchloroethylene (PERC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
gg. Have you ever worn a radiation dosimeter or film badge while working aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year first worn 19 ____	Year last worn 19 ____

LIFESTYLE

20. Have you smoked at least 100 cigarettes in your entire life? *(Check one box)*
- 1 ☐ No *(Please skip to question 23)*
- 2 ☐ Yes
21. On how many of the past 30 days did you smoke cigarettes? *(Check one box)*
- 0 ☐ None
- 1 ☐ 1-4 days
- 2 ☐ 5-9 days
- 3 ☐ 10-14 days
- 4 ☐ 15-19 days
- 5 ☐ 20-24 days
- 6 ☐ 25-29 days
- 7 ☐ Every day
- 9 ☐ Not sure
22. On average how many cigarettes did you smoke per day during the past 30 days? *(Check one box)*
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
23. During the past 30 days, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? *(Check one box)*
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the past 30 days, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? *(Check one box)*
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure

25. During the **past 30 days**, have you used any other form of tobacco? (*Check all that apply*)
- 0 ☐ None
 1 ☐ Cigars
 2 ☐ Pipe
 3 ☐ Smokeless tobacco (snuff or chew)
26. During the **past 7 days**, on how many days did you have any alcoholic beverages? (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦
 (*If you filled in 0, please skip to question 29*)
27. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
29. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
31. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
32. During the **past 30 days** have you: (*Check one box*)
 1 ☐ Gained weight, pounds ____
 2 ☐ Lost weight, pounds ____
 3 ☐ Stayed the same

33. On the average during the past month, how many **days per week** were you outside in the sun for 20 minutes or more **between 10:00 AM and 2:00 PM?** ("In the sun" refers to any direct exposure to the sunlight, even when the sky was cloudy.) *(Fill in one circle)*
① ② ③ ④ ⑤ ⑥ ⑦ days per week.
(If you filled in 0, please skip to question 35)
34. On the days marked above, on the average how long were you outside in the sun per day **between 10:00 AM and 2:00 PM?** *(Check one box)*
- 1 ☐ 20-44 minutes
 - 2 ☐ 45-59 minutes
 - 3 ☐ 1 hour
 - 4 ☐ 2 hours
 - 5 ☐ 3 hours
 - 6 ☐ 4 hours
35. Do you or your partner currently use any form of birth control to prevent pregnancy?
(Please check all that apply)
- 1 ☐ Yes, birth control pills
 - 2 ☐ Yes, condoms or rubbers
 - 3 ☐ Yes, spermicidal foam or jelly
 - 4 ☐ Yes, Depo Provera
 - 5 ☐ Yes, Norplant
 - 6 ☐ Yes, intrauterine device (IUD)
 - 7 ☐ Yes, diaphragm
 - 8 ☐ Yes, other *(please specify)* _____
 - 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
 - 10 ☐ No, I am (or my partner is) sterile
 - 11 ☐ No, I am not sexually active
 - 12 ☐ No, I (we) use no method of birth control

36. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.
(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the past 7 days have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY

38. Family composition

a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)

1 ☐ No

2 ☐ Yes

b. Are you a parent?

1 ☐ No

2 ☐ Yes

c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children

d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)

1 ☐ No

2 ☐ Yes

WOMEN'S SECTION

39. Reproductive system health

Condition	a. Did you have this condition during the past 90 days ? <i>(Check one box on each line)</i>			b. If yes, did you first experience the condition, or did it get worse, during the past 90 days ? <i>(Check one box on each line if answer to the condition is "yes")</i>		
	No (1)	Yes (2)	Not sure (9)	No (1)	Yes (2)	Not sure (9)
a. Bleeding between periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cramps or pain during menstrual period requiring medication or time off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cramps or pain during menstrual period not requiring medication or time off work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Excessive frequency of periods (time between periods too short)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heavy periods (excessive menstrual flow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Period lasting longer than 1 week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Scanty menstrual flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Abdominal pain (from known cysts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Abdominal pain (from known endometriosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Abdominal pain (from other or unknown cause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Discharge from breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Breast lump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Did any of the conditions listed above (a through l) require you to:
- a. Take 2 or more hours off work during the **past 90 days**? (*Check one box*)
1 ☐ No 2 ☐ Yes (Specify which condition(s):) _____
- b. Miss 1 or more days of work during the **past 90 days**? (*Check one box*)
1 ☐ No 2 ☐ Yes (Specify which condition(s):) _____
41. Menstrual periods
- a. During the **past 12 months** have you had regular menstrual periods? (*Check one box*)
1 ☐ No (*Please explain*): _____

2 ☐ Yes, about 1 per month.
3 ☐ Yes, but not 1 per month. (*Please explain*): _____

- b. If you missed one or more periods during the **past 12 months**, please check one box below:
1 ☐ I missed my period approximately ____ time(s) during the **past 12 months**.
0 ☐ I had no periods at all during the **past 12 months**.
9 ☐ I'm not sure of the number of periods I missed during the **past 12 months**.
42. During the **past 90 days** have you taken birth control pills to regulate your periods? (*Check one box*)
1 ☐ No 2 ☐ Yes
43. During the **past 90 days** have you taken replacement estrogens? (*Check one box*)
1 ☐ No
2 ☐ Yes, hormone pills.
3 ☐ Yes, hormone creams or other hormone preparations.

44. Did you have any of the following conditions during the **past 90 days**? (Please check either "no" or "yes" for every condition listed)

- a. 1 ☐ No 2 ☐ Yes Urinary tract infection
- b. 1 ☐ No 2 ☐ Yes Vaginal rash, discharge, or other vaginal disorder except yeast infection, not including sexually-transmitted diseases
- c. 1 ☐ No 2 ☐ Yes Yeast infection
- d. 1 ☐ No 2 ☐ Yes Pelvic or lower abdominal pain
- e. 1 ☐ No 2 ☐ Yes Gonorrhea
- f. 1 ☐ No 2 ☐ Yes Other sexually-transmitted disease
- g. 1 ☐ No 2 ☐ Yes Other genitourinary system condition

(Please specify): _____

45. Did any of the conditions listed above (a through g) require you to:

a. Take 2 or more hours off from work during the **past 90 days**?

(Check one box)

1 ☐ No

2 ☐ Yes (Specify which condition(s)): _____

b. Miss 1 or more days of work during the **past 90 days**? (Check one box)

1 ☐ No

2 ☐ Yes (Specify which condition(s)): _____

46. Has a doctor ever told you that you had any of the following?

(Please check one box on each line. If you check "Yes," please write your age at first diagnosis.)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Abnormal Pap smear (test for cervical cancer)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Breast lump diagnosed as benign breast cyst or fibrocystic disease (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Benign breast lump, exact diagnosis unknown	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____

PREGNANCY

47. How many times have you been pregnant? (*Check one box*)
- 0 ☐ Never (*Please skip to question 51*)
- 1 ☐ I have been pregnant ____ times.
48. Are you pregnant now? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
49. Recent pregnancies
- a. Have you been pregnant during the **past 12 months**? (*Check one box*)
- 1 ☐ No (*Skip to question 51*)
- 2 ☐ Yes
- b. How many times have you been pregnant during the **past 12 months**? ____ times.
- c. Were you serving aboard this ship when you were informed you were pregnant?
- 1 ☐ No (*Skip to question 51*)
- 2 ☐ Yes
- d. How many weeks did you serve aboard this ship after your command was notified of your pregnancy? ____ weeks.
- e. Were you transferred ashore due to pregnancy?
- 1 ☐ No (*Skip to question 51*)
- 2 ☐ Yes
- f. How many weeks pregnant were you when transferred off this ship?
- ____ weeks.

50. Please provide the following information in chronological order for the **past 12 months**. For multiple outcomes, make each a separate entry (e.g., two entries for twins). Indicate only one "outcome" per pregnancy. If you are uncertain of a detail, provide your best estimate.

Pregnancy	Outcome	What was the approximate date of this outcome?	Were you in the Navy at the time?	What was your duty station type at the time: of at con- out- ception come	Was this pregnancy planned?
a. Most recent	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
b. Prior pregnancy (or twin)	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

51. What is your best estimate of the likelihood that you will become pregnant in the **next 12 months**?

(Fill in a number between 0 and 100, with 0 representing **no chance** that the event will occur, and 100 representing that the event **definitely** will occur): ____ percent

FAMILY PLANNING

52. Please rate your agreement or disagreement with each of the following statements. (*Check one box on each line*)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. I hope to become pregnant during the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I probably will become pregnant during the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My partner objects to use of birth control measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using birth control is inconvenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would not use birth control pills because I am concerned about possible health effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A sexually active woman who uses an intrauterine device (IUD) is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A sexually active woman who uses a diaphragm and contraceptive gel is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A sexually active woman whose partner always uses a condom is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OB/GYN AVAILABILITY

53. Pre-deployment OB-GYN visit

- a. Have you deployed at sea for 30 days or more at any time during the past 12 months?

1 ☐ No (*Skip to Comments and Suggestions on the last page*)

2 ☐ Yes

- b. Preceding deployment, did you request a pre-deployment appointment with a gynecologist or obstetrician from a Navy medical facility?

1 ☐ No (*Skip to Comments and Suggestions on the last page*)

2 ☐ Yes

- c. *If yes, print below the month and year you requested the appointment:*

_____, 19____
Month Year

- d. Were you given a gynecological or obstetrical appointment? (*Check one box*)

1 ☐ No (*Skip to Comments and Suggestions on the last page*)

2 ☐ Yes

- e. Were you able to keep the appointment before deployment? (*Check one box*)

1 ☐ No

2 ☐ Yes

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.2

Follow-up Survey Instrument, Form MA

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form MA, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - 199____
Month Day Year

Permanent address

City

State

Zip Code

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.
TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. Authority. 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. Purpose. Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. **3. Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. **4. Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. Authority. 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. Purpose. Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. **3. Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. **4. Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?
(Check one box)
- | | |
|--|---|
| 1 <input type="checkbox"/> In home port | 3 <input type="checkbox"/> In port other than home port |
| 2 <input type="checkbox"/> At sea | 4 <input type="checkbox"/> In shipyard |
| 9 <input type="checkbox"/> Other (Please specify): _____ | |
10. Deployment status
- a. How many times have you deployed during the past 12 months?
(For purposes of this questionnaire, deployment is defined as:
"Ship scheduled at sea for 30 days or more")
_____ Times
- b. Are you currently deployed (30 days or more)?
(Check one box)
- | |
|--|
| 1 <input type="checkbox"/> No (Please skip to question 11) |
| 2 <input type="checkbox"/> Yes |
- c. What date did you begin this deployment?
Mo.: _____ Day: _____ Year: 199 _____
11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)
- | |
|--------------------------------|
| 1 <input type="checkbox"/> No |
| 2 <input type="checkbox"/> Yes |
12. Where do you live when your ship is in your home port? (Check one box)
- | | |
|---|------------------------------------|
| 1 <input type="checkbox"/> Aboard ship | 3 <input type="checkbox"/> BEQ/BOQ |
| 2 <input type="checkbox"/> Navy housing | 9 <input type="checkbox"/> Other |

HEALTH CONDITIONS

13. Have you had any of these health conditions during the past 30 days whether or not it resulted in a visit to sick call or a health care provider?
(Please check either "no" or "yes" for every condition)
- | | | | |
|----|-------------------------------|--------------------------------|----------------------------------|
| a. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Common cold symptoms |
| b. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Dizziness |
| c. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Chills |
| d. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Cough |
| e. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sore throat |
| f. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Fever |
| g. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Flu |
| h. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Diarrhea lasting at least 3 days |
| i. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Stomach problems |

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |

Was your headache accompanied by:

- | | | |
|-------------------------------|--------------------------------|----------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (Please check either "no" or "yes" for every condition)

- a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
b. 1 ☐ No 2 ☐ Yes Sore throat, viral
c. 1 ☐ No 2 ☐ Yes Cough, viral
d. 1 ☐ No 2 ☐ Yes Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(Please check either "no" or "yes" for every condition)

- a. 1 ☐ No 2 ☐ Yes Health problem
b. 1 ☐ No 2 ☐ Yes Emotional problem
c. 1 ☐ No 2 ☐ Yes Personal problem
d. 1 ☐ No 2 ☐ Yes Family problem
e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (Please check one box on each line. If you check "Yes," please write your age at first diagnosis)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness No. of visits: ①②③④⑤ or more
- 2 ☐ Chronic physical illness No. of visits: ①②③④⑤ or more
- 3 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
- 4 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
- 5 ☐ Acute injury No. of visits: ①②③④⑤ or more
- 6 ☐ Psychological or emotional condition . . . No. of visits: ①②③④⑤ or more
- 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
(*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	___	___
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	___	___
c. Most recent visit to a hospital corpsman?	___	___

OCCUPATIONAL EXPOSURES

19. Have you been exposed during the **past 30 days** to any of the factors listed below?

If yes:

Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
a. Adhesives or gluing compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Asbestos (loose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Carbon monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Diesel exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Diesel fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Dry cleaning solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Exhaust from gasoline engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Gasoline (liquid or vapor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Guided missile fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. High temperature (above 95° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. Hypodermic needles (used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. Insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. Jet exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. Jet fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. Lifting 25 - 49 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. Lifting 50 or more pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. Loud noise (such as jets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. Low temperature (below 32°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. Metal scrapings or filings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

19. -- Continued -- Have you been exposed during the past 30 days to any of the factors listed below?

If yes:

Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
t. Paint (oil based) or thinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. Paint, other or unknown type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. Paint scrapings or paint sanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. Solvent or degreaser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
x. Torpedo fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
y. Other chemicals (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
z. Video display terminal (VDT, CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
aa. Welding fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
bb. Dust or particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
cc. Explosives (nonnuclear) within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
dd. Nitrous oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ee. Ethylene dibromide (EDB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ff. Perchlorethylene (PERC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
gg. Have you ever worn a radiation dosimeter or film badge while working aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year first worn 19 ____	Year last worn 19 ____

LIFESTYLE

20. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)
- 1 ☐ No (*Please skip to question 23*)
- 2 ☐ Yes
21. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)
- 0 ☐ None
- 1 ☐ 1-4 days
- 2 ☐ 5-9 days
- 3 ☐ 10-14 days
- 4 ☐ 15-19 days
- 5 ☐ 20-24 days
- 6 ☐ 25-29 days
- 7 ☐ Every day
- 9 ☐ Not sure
22. On average how many cigarettes did you smoke per day during the **past 30 days**? (*Check one box*)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure

25. During the **past 30 days**, have you used any other form of tobacco? (*Check all that apply*)
- 0 ☐ None
- 1 ☐ Cigars
- 2 ☐ Pipe
- 3 ☐ Smokeless tobacco (snuff or chew)
26. During the **past 7 days**, on how many days did you have any alcoholic beverages? (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦
- (*If you filled in 0, please skip to question 29*)
27. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
29. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ days
30. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ days
31. My current:
- a. Weight is ____ pounds.
- b. Height is ____ feet and ____ inches.
32. During the **past 30 days** have you: (*Check one box*)
- 1 ☐ Gained weight, pounds ____
- 2 ☐ Lost weight, pounds ____
- 3 ☐ Stayed the same

33. On the average during the past month, how many **days per week** were you outside in the sun for 20 minutes or more **between 10:00 AM and 2:00 PM**? ("In the sun" refers to any direct exposure to the sunlight, even when the sky was cloudy.) *(Fill in one circle)*
① ② ③ ④ ⑤ ⑥ ⑦ days per week . *(If you filled in 0, please skip to question 35)*
34. On the days marked above, on the average how long were you outside in the sun per day **between 10:00 AM and 2:00 PM**? *(Check one box)*
- 1 ☐ 20-44 minutes
 - 2 ☐ 45-59 minutes
 - 3 ☐ 1 hour
 - 4 ☐ 2 hours
 - 5 ☐ 3 hours
 - 6 ☐ 4 hours
35. Do you or your partner currently use any form of birth control to prevent pregnancy?
(Please check all that apply)
- 1 ☐ Yes, birth control pills
 - 2 ☐ Yes, condoms or rubbers
 - 3 ☐ Yes, spermicidal foam or jelly
 - 4 ☐ Yes, Depo Provera
 - 5 ☐ Yes, Norplant
 - 6 ☐ Yes, intrauterine device (IUD)
 - 7 ☐ Yes, diaphragm
 - 8 ☐ Yes, other *(please specify)* _____
 - 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
 - 10 ☐ No, I am (or my partner is) sterile
 - 11 ☐ No, I am not sexually active
 - 12 ☐ No, I (we) use no method of birth control

36. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.

(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the past 7 days have you: (Check one box on each line)		No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a.	Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY

38. Family composition
- a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)
 1 ☐ No
 2 ☐ Yes
 - b. Are you a parent?
 1 ☐ No
 2 ☐ Yes
 - c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? _____ children
 - d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)
 1 ☐ No
 2 ☐ Yes

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.3

Follow-up Survey Instrument, Form WB

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form WB, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - 199____
Month Day Year

Permanent address

City

State

Zip Code

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.
2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.
3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.
4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.
5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.
6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.
7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.
8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

3 ☐ In port other than home port

2 ☐ At sea

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

_____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: _____ Day: _____ Year: 199 _____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the **past 30 days whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Common cold symptoms

b. 1 ☐ No 2 ☐ Yes Dizziness

c. 1 ☐ No 2 ☐ Yes Chills

d. 1 ☐ No 2 ☐ Yes Cough

e. 1 ☐ No 2 ☐ Yes Sore throat

f. 1 ☐ No 2 ☐ Yes Fever

g. 1 ☐ No 2 ☐ Yes Flu

h. 1 ☐ No 2 ☐ Yes Diarrhea **lasting at least 3 days**

i. 1 ☐ No 2 ☐ Yes Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-----------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
| Was your headache accompanied by: | | |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (*Please check either "no" or "yes" for every condition*)
- a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
- b. 1 ☐ No 2 ☐ Yes Sore throat, viral
- c. 1 ☐ No 2 ☐ Yes Cough, viral
- d. 1 ☐ No 2 ☐ Yes Flu
15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below? (*Please check either "no" or "yes" for every condition*)
- a. 1 ☐ No 2 ☐ Yes Health problem
- b. 1 ☐ No 2 ☐ Yes Emotional problem
- c. 1 ☐ No 2 ☐ Yes Personal problem
- d. 1 ☐ No 2 ☐ Yes Family problem
- e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (*Please check one box on each line. If you check "Yes," please write your age at first diagnosis*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 2 ☐ Chronic physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 6 ☐ Psychological or emotional condition No. of visits: ①②③④⑤ or more
 7 ☐ Pregnancy test or to pick up test kit No. of visits: ①②③④⑤ or more
 8 ☐ OB-GYN care No. of visits: ①②③④⑤ or more
 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
 (*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

LIFESTYLE

19. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)

- 1 ☐ No (*Please skip to question 22*)
 2 ☐ Yes

20. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)

- 0 ☐ None
 1 ☐ 1-4 days
 2 ☐ 5-9 days
 3 ☐ 10-14 days
 4 ☐ 15-19 days
 5 ☐ 20-24 days
 6 ☐ 25-29 days
 7 ☐ Every day
 9 ☐ Not sure

21. On average how many cigarettes did you smoke per day during the **past 30 days**?
(Check one box)
- 0 ☐ None
1 ☐ Fewer than 1 cigarette a day, on the average
2 ☐ 1-4 cigarettes
3 ☐ 5-9 cigarettes
4 ☐ 10-19 cigarettes
5 ☐ 20-29 cigarettes
6 ☐ 30-39 cigarettes
7 ☐ 40-49 cigarettes
8 ☐ 50 or more cigarettes
9 ☐ Not sure
22. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (Check one box)
- 1 ☐ No
2 ☐ Yes
9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (Check one box)
- 1 ☐ No
2 ☐ Yes
9 ☐ Not sure
24. During the **past 30 days**, have you used any other form of tobacco? (Check all that apply)
- 0 ☐ None
1 ☐ Cigars
2 ☐ Pipe
3 ☐ Smokeless tobacco (snuff or chew)
25. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(Fill in one circle)
① ② ③ ④ ⑤ ⑥ ⑦
(If you filled in 0, please skip to question 28)
26. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (Fill in one circle)
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____

27. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
29. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
31. Calcium intake
 a. Have you taken any calcium supplements during the **past 30 days**? (*Check one box*)
 1 ☐ No
 2 ☐ Yes
 b. If yes, how many milligrams of calcium do you take per day?
 ____ milligrams.
 c. On the average, how many glasses do you usually drink **per day** of:
 (*Fill in one circle*)
 1. Skim milk ① ② ③ ④ ⑤ or more glasses.
 2. Low-fat milk: ① ② ③ ④ ⑤ or more glasses.
 3. Whole milk: ① ② ③ ④ ⑤ or more glasses.

32. General Nutrition

During the past 7 days, approximately how many times did you: (<i>Check one box</i>)		Never (1)	1-3 times per week (2)	4-6 times per week (3)	7 or more times per week (4)
a.	Eat high-fat meats or dairy (e.g., hamburger, hot dogs, steak, bacon, whole milk, cheese, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Eat fried foods (e.g., french fries, fried chicken, fried eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Eat refined sugar products (e.g., cakes, pies, cookies, candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Eat low-fat meats or dairy (e.g., chicken or turkey without skin, low-fat milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Eat "leafy" vegetables (e.g., broccoli, cabbage, greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Eat "starchy" vegetables (e.g., beans, peas, corn, potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Eat fruits (e.g., apples, oranges, raisins, dried fruit, melons, bananas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Eat high fiber foods (e.g., whole grain breads, cereals, bran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During the **past 30 days**, on the average, how many hours of sleep did you get **per 24 hours**? (*Fill in one circle*)

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ hours

34. Do you or your partner currently use any form of birth control to prevent pregnancy?
(Please check all that apply)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (please specify) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

35. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.
(Check one box on each line)

		Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a.	The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

36. How do you feel about your:
(Check one box on each line)

	Terrible (1)	Unhappy (2)	Mostly dissatisfied (3)	Mixed (4)	Mostly satisfied (5)	Pleased (6)	Delighted (7)
a. Job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. (If married) Spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. (If you have children) Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. (If you live in military housing ashore) Military housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. (If you live aboard ship) Living conditions aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. (If you live in other housing ashore) Other housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Military pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRESS

38. Think about your whole life over the **past 2 weeks**. On the whole, how much stress do you think is in your life right now? (Please check one box)

None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39.	Of the stress that you experience, how much comes from problems or concerns with: <i>(Please check one box on each line)</i>						
		Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
a.	Financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	My personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Personal or health matters of a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Crowded conditions aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	My personal safety aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Maintaining personal hygiene aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	My lack of privacy aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	My inability to get enough exercise aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The lack of recreational activities aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	My nutrition, the unavailability of desired foods aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	The person I work for (my immediate supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	The people I work with (my peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	The people who work for me (those I supervise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	The way things are typically done aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. -- Continued -- Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
p. The people with whom I share living space aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My ability to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My career and chances for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Being able to stay in the Navy because of downsizing or force reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. My relationship with my spouse or boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Breaking up with my spouse or boyfriend/girlfriend because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. My ability to communicate with my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. My use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. My life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. <i>(If you have children)</i> My children because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <i>(If you have children)</i> Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. <i>(If you have children)</i> Child-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40.	During the past 2 weeks , the stresses listed above have affected my: (Please check one box on each line)	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
a.	Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Performance in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41.	During the past 2 weeks , how well have you coped with these stresses? (Please check one box)	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
-----	---	---	---	--	--	---

FAMILY AND FRIENDS

42. How many close friends do you have? (Please fill in one circle)
 ① ② ③ ④ ⑤ ⑥ or more
43. How many relatives do you have that you feel close to? (Please fill in one circle)
 ① ② ③ ④ ⑤ ⑥ or more
44. Altogether, how often do you see these friends and/or relatives each month? (Check one box)
- 1 ☐ Almost every day
 - 2 ☐ Several times a month
 - 3 ☐ Not very often -- maybe once or twice a month
 - 4 ☐ Seldom -- a few times a year
 - 5 ☐ Almost never
45. Are you a member of any clubs or groups? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes
46. Do you belong to a church, temple, or other religious organization? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes

47. Family composition

- a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)
 1 ☐ No
 2 ☐ Yes
- b. Are you a parent?
 1 ☐ No
 2 ☐ Yes
- c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children
- d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)
 1 ☐ No
 2 ☐ Yes

SOURCES OF HELP

48. If you experienced a personal problem, how helpful would the following individuals be to you? (Check one box on each line)

	Very unhelpful (1)	Somewhat unhelpful (2)	Neutral (3)	Somewhat helpful (4)	Very helpful (5)	Not applicable (9)
a. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends on board ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other friends in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other friends not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chaplains, ministers, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Navy professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your ship's leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other professionals not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEELINGS

49. Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
a. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of sexual interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling low in energy or slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Crying easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
r. Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Your feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Feeling others do not understand you or are unsympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
ii. Feeling afraid to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Having to avoid certain things, places or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt. Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu. Having urges to beat, injure or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv. Sleep that is restless or disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww. Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx. Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy. Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz. Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
aaa. Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bbb. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ccc. Feeling nervous when you are alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ddd. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eee. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fff. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ggg. Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hhh. Thoughts and images of a frightening nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jjj. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kkk. Spending less time with peers and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WOMEN'S SECTION

50. Reproductive system health

a. Did you **have** this condition during the **past 90 days**? (Check one box on each line)

b. If yes, did you **first** experience the condition, or did it get worse, **during the past 90 days**? (Check one box on each line if answer to the condition is "yes")

Condition	No (1)	Yes (2)	Not sure (9)	No (1)	Yes (2)	Not sure (9)
a. Bleeding between periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cramps or pain during menstrual period requiring medication or time off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cramps or pain during menstrual period not requiring medication or time off work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Excessive frequency of periods (time between periods too short)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heavy periods (excessive menstrual flow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Period lasting longer than 1 week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Scanty menstrual flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Abdominal pain (from known cysts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Abdominal pain (from known endometriosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Abdominal pain (from other or unknown cause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Discharge from breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Breast lump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Did any of the conditions listed above (a through l) require you to:
- Take 2 or more hours off work during the **past 90 days**? (*Check one box*)
 1 ☐ No 2 ☐ Yes (Specify which condition(s):) _____
 - Miss 1 or more days of work during the **past 90 days**? (*Check one box*)
 1 ☐ No 2 ☐ Yes (Specify which condition(s):) _____
52. Menstrual periods
- During the **past 12 months** have you had regular menstrual periods?
 (*Check one box*)
 1 ☐ No (*Please explain*): _____

 2 ☐ Yes, about 1 per month.
 3 ☐ Yes, but not 1 per month. (*Please explain*): _____

 - If you missed one or more periods during the **past 12 months**, please check one box below:
 1 ☐ I missed my period approximately ____ time(s) during the **past 12 months**.
 0 ☐ I had no periods at all during the **past 12 months**.
 9 ☐ I'm not sure of the number of periods I missed during the **past 12 months**.
53. During the **past 90 days** have you taken birth control pills to regulate your periods?
 (*Check one box*)
 1 ☐ No 2 ☐ Yes
54. During the **past 90 days** have you taken replacement estrogens? (*Check one box*)
 1 ☐ No
 2 ☐ Yes, hormone pills.
 3 ☐ Yes, hormone creams or other hormone preparations.

55. Did you have any of the following conditions during the **past 90 days**? (*Please check either "no" or "yes" for every condition listed*)

- a. 1 ☐ No 2 ☐ Yes Urinary tract infection
- b. 1 ☐ No 2 ☐ Yes Vaginal rash, discharge, or other vaginal disorder except yeast infection, not including sexually-transmitted diseases
- c. 1 ☐ No 2 ☐ Yes Yeast infection
- d. 1 ☐ No 2 ☐ Yes Pelvic or lower abdominal pain
- e. 1 ☐ No 2 ☐ Yes Gonorrhea
- f. 1 ☐ No 2 ☐ Yes Other sexually-transmitted disease
- g. 1 ☐ No 2 ☐ Yes Other genitourinary system condition
- (*Please specify*): _____

56. Did any of the conditions listed above (a through g) require you to:

a. Take 2 or more hours off from work during the **past 90 days**?

(*Check one box*)

1 ☐ No

2 ☐ Yes (*Specify which condition(s)*): _____

b. Miss 1 or more days of work during the **past 90 days**? (*Check one box*)

1 ☐ No

2 ☐ Yes (*Specify which condition(s)*): _____

57. Has a doctor *ever* told you that you had any of the following?

(*Please check one box on each line. If you check "Yes," please write your age at first diagnosis.*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Abnormal Pap smear (test for cervical cancer)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Breast lump diagnosed as benign breast cyst or fibrocystic disease (<i>Please specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Benign breast lump, exact diagnosis unknown	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____

PREGNANCY

58. How many times have you been pregnant? (*Check one box*)
- 0 ☐ Never (*Please skip to question 62*)
- 1 ☐ I have been pregnant ____ times.
59. Are you pregnant now? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
60. Recent pregnancies
- a. Have you been pregnant during the **past 12 months**? (*Check one box*)
- 1 ☐ No (*Skip to question 62*)
- 2 ☐ Yes
- b. How many times have you been pregnant during the **past 12 months**?
_____ times.
- c. Were you serving aboard this ship when you were informed you were pregnant?
- 1 ☐ No (*Skip to question 62*)
- 2 ☐ Yes
- d. How many weeks did you serve aboard this ship after your command was notified of your pregnancy? ____ weeks.
- e. Were you transferred ashore due to pregnancy?
- 1 ☐ No (*Skip to question 62*)
- 2 ☐ Yes
- f. How many weeks pregnant were you when transferred off this ship?
_____ weeks.

61. Please provide the following information in chronological order for the **past 12 months**. For multiple outcomes, make each a separate entry (e.g., two entries for twins). Indicate only one "outcome" per pregnancy. If you are uncertain of a detail, provide your best estimate.

Pregnancy	Outcome	What was the approximate date of this outcome?	Were you in the Navy at the time?	What was your duty station type at the time: of at con- out- ception come		Was this pregnancy planned?
a. Most recent	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
b. Prior pregnancy (or twin)	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

62. What is your best estimate of the likelihood that you will become pregnant in the **next 12 months**?
 (Fill in a number between 0 and 100, with 0 representing **no chance** that the event will occur, and 100 representing that the event **definitely** will occur): ____ percent

FAMILY PLANNING

63. Please rate your agreement or disagreement with each of the following statements. (*Check one box on each line*)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. I hope to become pregnant during the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I probably will become pregnant during the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My partner objects to use of birth control measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using birth control is inconvenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would not use birth control pills because I am concerned about possible health effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A sexually active woman who uses an intrauterine device (IUD) is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A sexually active woman who uses a diaphragm and contraceptive gel is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A sexually active woman whose partner always uses a condom is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OB/GYN AVAILABILITY

64. Approximately how many months or days ago was your most recent:
(Fill in number of months or days for each item)

	Number of months	Number of days (if less than 1 month)
a. Pap smear (test for cervical cancer)?	_____	_____
b. Pelvic examination?	_____	_____
c. Breast examination by a physician or nurse?	_____	_____

65. Pre-deployment OB-GYN visit

- a. Have you deployed at sea for 30 days or more at any time during the past 12 months?

1 ☐ No (Skip to Comments and Suggestions on the last page)

2 ☐ Yes

- b. Preceding deployment, did you request a pre-deployment appointment with a gynecologist or obstetrician from a Navy medical facility?

1 ☐ No (Skip to Comments and Suggestions on the last page)

2 ☐ Yes

- c. If yes, print below the month and year you requested the appointment:

_____, 19____
Month Year

- d. Were you given a gynecological or obstetrical appointment? (Check one box)

1 ☐ No (Skip to Comments and Suggestions on the last page)

2 ☐ Yes

- e. Were you able to keep the appointment before deployment? (Check one box)

1 ☐ No

2 ☐ Yes

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.4

Follow-up Survey Instrument, Form MB

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form MB, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.
2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.
3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.
4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.
5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.
6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.
7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.
8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?
(Check one box)
- | | |
|---|--|
| 1 <input type="checkbox"/> In home port | 3 <input type="checkbox"/> In port other than home port |
| 2 <input type="checkbox"/> At sea | 4 <input type="checkbox"/> In shipyard |
| | 9 <input type="checkbox"/> Other (Please specify): _____ |
10. Deployment status
- a. How many times have you deployed during the past 12 months?
(For purposes of this questionnaire, deployment is defined as:
"Ship scheduled at sea for 30 days or more")
_____ Times
- b. Are you currently deployed (30 days or more)?
(Check one box)
- | |
|--|
| 1 <input type="checkbox"/> No (Please skip to question 11) |
| 2 <input type="checkbox"/> Yes |
- c. What date did you begin this deployment?
Mo.: _____ Day: _____ Year: 199_____
11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)
- | |
|--------------------------------|
| 1 <input type="checkbox"/> No |
| 2 <input type="checkbox"/> Yes |
12. Where do you live when your ship is in your home port? (Check one box)
- | | |
|---|------------------------------------|
| 1 <input type="checkbox"/> Aboard ship | 3 <input type="checkbox"/> BEQ/BOQ |
| 2 <input type="checkbox"/> Navy housing | 9 <input type="checkbox"/> Other |

HEALTH CONDITIONS

13. Have you had any of these health conditions during the **past 30 days whether or not it** resulted in a visit to sick call or a health care provider?
(Please check either "no" or "yes" for every condition)
- | | | | |
|----|-------------------------------|--------------------------------|---|
| a. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Common cold symptoms |
| b. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Dizziness |
| c. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Chills |
| d. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Cough |
| e. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sore throat |
| f. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Fever |
| g. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Flu |
| h. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Diarrhea lasting at least 3 days |
| i. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Stomach problems |

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |

Was your headache accompanied by:

- | | | |
|-------------------------------|--------------------------------|----------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (*Please check either "no" or "yes" for every condition*)

a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
b. 1 ☐ No 2 ☐ Yes Sore throat, viral
c. 1 ☐ No 2 ☐ Yes Cough, viral
d. 1 ☐ No 2 ☐ Yes Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(*Please check either "no" or "yes" for every condition*)

a. 1 ☐ No 2 ☐ Yes Health problem
b. 1 ☐ No 2 ☐ Yes Emotional problem
c. 1 ☐ No 2 ☐ Yes Personal problem
d. 1 ☐ No 2 ☐ Yes Family problem
e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (*Please check one box on each line. If you check "Yes," please write your age at first diagnosis*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)
- 1 ☐ Acute physical illness No. of visits: ①②③④⑤ or more
- 2 ☐ Chronic physical illness, No. of visits: ①②③④⑤ or more
- 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
- 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
- 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
- 6 ☐ Psychological or emotional condition No. of visits: ①②③④⑤ or more
- 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
(*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

LIFESTYLE

19. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)
- 1 ☐ No (*Please skip to question 22*)
- 2 ☐ Yes
20. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)
- 0 ☐ None
- 1 ☐ 1-4 days
- 2 ☐ 5-9 days
- 3 ☐ 10-14 days
- 4 ☐ 15-19 days
- 5 ☐ 20-24 days
- 6 ☐ 25-29 days
- 7 ☐ Every day
- 9 ☐ Not sure

21. On average how many cigarettes did you smoke per day during the **past 30 days**?
(Check one box)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
22. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you used any other form of tobacco? (Check all that apply)
- 0 ☐ None
- 1 ☐ Cigars
- 2 ☐ Pipe
- 3 ☐ Smokeless tobacco (snuff or chew)
25. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦
- (If you filled in 0, please skip to question 28)
26. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____

27. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
29. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
31. Calcium intake
 a. Have you taken any calcium supplements during the **past 30 days**? (*Check one box*)
 1 ☐ No
 2 ☐ Yes
 b. If yes, how many milligrams of calcium do you take per day?
 ____ milligrams.
 c. On the average, how many glasses do you usually drink **per day** of:
 (*Fill in one circle*)
 1. Skim milk ① ② ③ ④ ⑤ or more glasses.
 2. Low-fat milk: ① ② ③ ④ ⑤ or more glasses.
 3. Whole milk: ① ② ③ ④ ⑤ or more glasses.

32. General Nutrition

During the past 7 days , approximately how many times did you: (<i>Check one box</i>)		Never (1)	1-3 times per week (2)	4-6 times per week (3)	7 or more times per week (4)
a.	Eat high-fat meats or dairy (e.g., hamburger, hot dogs, steak, bacon, whole milk, cheese, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Eat fried foods (e.g., french fries, fried chicken, fried eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Eat refined sugar products (e.g., cakes, pies, cookies, candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Eat low-fat meats or dairy (e.g., chicken or turkey without skin, low-fat milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Eat "leafy" vegetables (e.g., broccoli, cabbage, greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Eat "starchy" vegetables (e.g., beans, peas, corn, potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Eat fruits (e.g., apples, oranges, raisins, dried fruit, melons, bananas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Eat high fiber foods (e.g., whole grain breads, cereals, bran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During the **past 30 days**, on the average, how many hours of sleep did you get **per 24 hours**? (*Fill in one circle*)

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ hours

34. Do you or your partner currently use any form of birth control to prevent pregnancy?
(Please check all that apply)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (please specify) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

35. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.
(Check one box on each line)

		Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a.	The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

36. How do you feel about your:
(Check one box on each line)

	Terrible (1)	Unhappy (2)	Mostly dissatisfied (3)	Mixed (4)	Mostly satisfied (5)	Pleased (6)	Delighted (7)
a. Job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. (If married) Spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. (If you have children) Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. (If you live in military housing ashore) Military housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. (If you live aboard ship) Living conditions aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. (If you live in other housing ashore) Other housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Military pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRESS

38. Think about your whole life over the **past 2 weeks**. On the whole, how much stress do you think is in your life right now? (Please check one box)

None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
a. Financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal or health matters of a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crowded conditions aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My personal safety aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintaining personal hygiene aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My lack of privacy aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My inability to get enough exercise aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The lack of recreational activities aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My nutrition, the unavailability of desired foods aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The person I work for (my immediate supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The people I work with (my peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The people who work for me (those I supervise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The way things are typically done aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. -- Continued -- Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
p. The people with whom I share living space aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My ability to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My career and chances for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Being able to stay in the Navy because of downsizing or force reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. My relationship with my spouse or boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Breaking up with my spouse or boyfriend/girlfriend because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. My ability to communicate with my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. My use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. My life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. <i>(If you have children)</i> My children because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <i>(If you have children)</i> Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. <i>(If you have children)</i> Child-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40.	During the past 2 weeks , the stresses listed above have affected my: (Please check one box on each line)	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
a.	Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Performance in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41.	During the past 2 weeks , how well have you coped with these stresses? (Please check one box)	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
-----	---	---	---	--	--	---

FAMILY AND FRIENDS

42. How many close friends do you have? (Please fill in one circle)
 ① ② ③ ④ ⑤ ⑥ or more
43. How many relatives do you have that you feel close to? (Please fill in one circle)
 ① ② ③ ④ ⑤ ⑥ or more
44. Altogether, how often do you see these friends and/or relatives each month? (Check one box)
- 1 ☐ Almost every day
 - 2 ☐ Several times a month
 - 3 ☐ Not very often -- maybe once or twice a month
 - 4 ☐ Seldom -- a few times a year
 - 5 ☐ Almost never
45. Are you a member of any clubs or groups? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes
46. Do you belong to a church, temple, or other religious organization? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes

47. Family composition
- a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)
 1 ☐ No
 2 ☐ Yes
- b. Are you a parent?
 1 ☐ No
 2 ☐ Yes
- c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children
- d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)
 1 ☐ No
 2 ☐ Yes

SOURCES OF HELP

48. If you experienced a personal problem, how helpful would the following individuals be to you? (Check one box on each line)	Very unhelpful (1)	Somewhat unhelpful (2)	Neutral (3)	Somewhat helpful (4)	Very helpful (5)	Not applicable (9)
a. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends on board ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other friends in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other friends not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chaplains, ministers, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Navy professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your ship's leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other professionals not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEELINGS

49. Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
a. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of sexual interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling low in energy or slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Crying easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- Continued -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

		None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
r.	Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.	Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	Your feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	Feeling others do not understand you or are unsympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb.	Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc.	Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd.	Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee.	Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff.	Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg.	Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh.	Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- Continued -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
ii. Feeling afraid to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Having to avoid certain things, places or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt. Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu. Having urges to beat, injure or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv. Sleep that is restless or disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww. Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx. Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy. Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz. Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
aaa. Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bbb. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ccc. Feeling nervous when you are alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ddd. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eee. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fff. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ggg. Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hhh. Thoughts and images of a frightening nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jjj. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kkk. Spending less time with peers and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.5

Follow-up Survey Instrument, Form WC

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form WC, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.
TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO
PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.
2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.
3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.
4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.
5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.
6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.
7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.
8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

3 ☐ In port other than home port

2 ☐ At sea

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

_____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: _____ Day: _____ Year: 199 _____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the past 30 days whether or not it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Common cold symptoms

b. 1 ☐ No 2 ☐ Yes Dizziness

c. 1 ☐ No 2 ☐ Yes Chills

d. 1 ☐ No 2 ☐ Yes Cough

e. 1 ☐ No 2 ☐ Yes Sore throat

f. 1 ☐ No 2 ☐ Yes Fever

g. 1 ☐ No 2 ☐ Yes Flu

h. 1 ☐ No 2 ☐ Yes Diarrhea lasting at least 3 days

i. 1 ☐ No 2 ☐ Yes Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
- Was your headache accompanied by:
- | | | |
|-------------------------------|--------------------------------|----------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (*Please check either "no" or "yes" for every condition*)

a.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Cold or acute nasopharyngitis
b.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Sore throat, viral
c.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Cough, viral
d.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(*Please check either "no" or "yes" for every condition*)

a.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Health problem
b.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Emotional problem
c.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Personal problem
d.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Family problem
e.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (*Please check one box on each line. If you check "Yes," please write your age at first diagnosis*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)
- 1 ☐ Acute physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 - 2 ☐ Chronic physical illness, not OB-GYN . . No. of visits: ①②③④⑤ or more
 - 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
 - 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 - 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 - 6 ☐ Psychological or emotional condition . . . No. of visits: ①②③④⑤ or more
 - 7 ☐ Pregnancy test or to pick up test kit No. of visits: ①②③④⑤ or more
 - 8 ☐ OB-GYN care No. of visits: ①②③④⑤ or more
 - 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
(*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

LIFESTYLE

19. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)
- 1 ☐ No (*Please skip to question 22*)
 - 2 ☐ Yes
20. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)
- 0 ☐ None
 - 1 ☐ 1-4 days
 - 2 ☐ 5-9 days
 - 3 ☐ 10-14 days
 - 4 ☐ 15-19 days
 - 5 ☐ 20-24 days
 - 6 ☐ 25-29 days
 - 7 ☐ Every day
 - 9 ☐ Not sure

21. On average how many cigarettes did you smoke per day during the **past 30 days**?
(Check one box)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
22. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you used any other form of tobacco? (Check all that apply)
- 0 ☐ None
- 1 ☐ Cigars
- 2 ☐ Pipe
- 3 ☐ Smokeless tobacco (snuff or chew)
25. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦
- (If you filled in 0, please skip to question 28)
26. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____

27. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) *(Fill in one circle)*
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: *(Fill in one circle)*
 ① ② ③ ④ ⑤ ⑥ ⑦ days
29. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: *(Fill in one circle)*
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
31. During the **past 30 days** have you: *(Check one box)*
 1 ☐ Gained weight, pounds ____
 2 ☐ Lost weight, pounds ____
 3 ☐ Stayed the same
32. On the average, during a usual week in the **past 12 months**, on approximately how many days did you: *(Fill in one circle on each line)*
- a. Eat a lot more food than you needed during a 24-hour period?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- b. Binge by eating four or more ounces of junk food during a 24-hour period?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- c. Take a water pill (diuretic) to maintain or lose weight?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- d. Take a laxative to maintain or lose weight?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- e. Make yourself vomit to maintain or lose weight?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week

33. Do you or your partner currently use any form of birth control to prevent pregnancy?

(Please check all that apply)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (please specify) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

34. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.

(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

35. How do you feel about your:
(Check one box on each line)

	Terrible (1)	Unhappy (2)	Mostly dissatisfied (3)	Mixed (4)	Mostly satisfied (5)	Pleased (6)	Delighted (7)
a. Job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. (If married) Spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. (If you have children) Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. (If you live in military housing ashore) Military housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. (If you live aboard ship) Living conditions aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. (If you live in other housing ashore) Other housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Military pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

36. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRESS

37. Think about your whole life over the **past 2 weeks**. On the whole, how much stress do you think is in your life right now? (Please check one box)

None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38.	Of the stress that you experience, how much comes from problems or concerns with: <i>(Please check one box on each line)</i>	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
a.	Financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	My personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Personal or health matters of a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Crowded conditions aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	My personal safety aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Maintaining personal hygiene aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	My lack of privacy aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	My inability to get enough exercise aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The lack of recreational activities aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	My nutrition, the unavailability of desired foods aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	The person I work for (my immediate supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	The people I work with (my peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	The people who work for me (those I supervise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	The way things are typically done aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. -- Continued -- Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
p. The people with whom I share living space aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My ability to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My career and chances for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Being able to stay in the Navy because of downsizing or force reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. My relationship with my spouse or boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Breaking up with my spouse or boyfriend/girlfriend because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. My ability to communicate with my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. My use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. My life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. <i>(If you have children)</i> My children because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <i>(If you have children)</i> Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. <i>(If you have children)</i> Child-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. During the **past 2 weeks**, the stresses listed above have affected my:
(Please check one box on each line)

	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
a. Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performance in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. During the **past 2 weeks**, how well have you coped with these stresses?
(Please check one box)

Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
---	---	--	--	---

FAMILY AND FRIENDS

41. How many close friends do you have? (Please fill in one circle)
① ② ③ ④ ⑤ ⑥ or more
42. How many relatives do you have that you feel close to? (Please fill in one circle)
① ② ③ ④ ⑤ ⑥ or more
43. Altogether, how often do you see these friends and/or relatives? (Check one box)
- 1 ☐ Almost every day
 - 2 ☐ Several times a month
 - 3 ☐ Not very often -- maybe once or twice a month
 - 4 ☐ Seldom -- a few times a year
 - 5 ☐ Almost never
44. Are you a member of any clubs or groups? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes
45. Do you belong to a church, temple, or other religious organization? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes

46. Family composition

a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)

1 ☐ No

2 ☐ Yes

b. Are you a parent?

1 ☐ No

2 ☐ Yes

c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ___ ___ children

d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)

1 ☐ No

2 ☐ Yes

SOURCES OF HELP

47. If you experienced a personal problem, how helpful would the following individuals be to you? (Check one box on each line)

	Very unhelpful (1)	Somewhat unhelpful (2)	Neutral (3)	Somewhat helpful (4)	Very helpful (5)	Not applicable (9)
a. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends on board ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other friends in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other friends not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chaplains, ministers, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Navy professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your ship's leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other professionals not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEELINGS

48. Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
a. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of sexual interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling low in energy or slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Crying easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
r. Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Your feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Feeling others do not understand you or are unsympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. -- Continued -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
ii. Feeling afraid to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Having to avoid certain things, places or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt. Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu. Having urges to beat, injure or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv. Sleep that is restless or disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww. Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx. Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy. Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz. Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
aaa. Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bbb. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ccc. Feeling nervous when you are alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ddd. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eee. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fff. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ggg. Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hhh. Thoughts and images of a frightening nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jjj. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kkk. Spending less time with peers and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WOMEN'S SECTION

49. Menstrual periods

- a. During the **past 12 months** have you had regular menstrual periods? (*Check one box*)

1 ☐ No (*Please explain*): _____

2 ☐ Yes, about 1 per month.

3 ☐ Yes, but not 1 per month. (*Please explain*): _____

- b. If you missed one or more periods during the **past 12 months**, please check one box below:

1 ☐ I missed my period approximately ____ time(s) during the **past 12 months**.

0 ☐ I had no periods at all during the **past 12 months**.

9 ☐ I'm not sure of the number of periods I missed during the **past 12 months**.

50. During the **past 90 days** have you taken birth control pills to regulate your periods? (*Check one box*)

1 ☐ No 2 ☐ Yes

51. During the **past 90 days** have you taken replacement estrogens? (*Check one box*)

1 ☐ No.

2 ☐ Yes, hormone pills.

3 ☐ Yes, hormone creams or other hormone preparations.

52. Has a doctor *ever* told you that you had any of the following?

(*Please check one box on each line. If you check "Yes," please write your age at first diagnosis.*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Abnormal Pap smear (test for cervical cancer)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Breast lump diagnosed as benign breast cyst or fibrocystic disease (<i>Please specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Benign breast lump, exact diagnosis unknown	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____

PREGNANCY

53. How many times have you been pregnant? (*Check one box*)
- 0 ☐ Never (*Please skip to question 57*)
- 1 ☐ I have been pregnant ____ times.
54. Are you pregnant now? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
55. Recent pregnancies
- a. Have you been pregnant during the **past 12 months**? (*Check one box*)
- 1 ☐ No (*Skip to question 57*)
- 2 ☐ Yes
- b. How many times have you been pregnant during the **past 12 months**?
_____ times.
- c. Were you serving aboard this ship when you were informed you were pregnant?
- 1 ☐ No (*Skip to question 57*)
- 2 ☐ Yes
- d. How many weeks did you serve aboard this ship after your command was notified of your pregnancy? ____ weeks.
- e. Were you transferred ashore due to pregnancy?
- 1 ☐ No (*Skip to question 57*)
- 2 ☐ Yes
- f. How many weeks pregnant were you when transferred off this ship?
____ weeks

56. Please provide the following information in chronological order for the **past 12 months**. For multiple outcomes, make each a separate entry (e.g., two entries for twins). Indicate only one "outcome" per pregnancy. If you are uncertain of a detail, provide your best estimate.

Pregnancy	Outcome	What was the approximate date of this outcome?	Were you in the Navy at the time?	What was your duty station type at the time: of Con-ception at Out-come	Was this pregnancy planned?
a. Most recent	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
b. Prior pregnancy (or twin)	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

57. What is your best estimate of the likelihood that you will become pregnant in the **next 12 months**?
 (Fill in a number between 0 and 100, with 0 representing **no chance** that the event will occur, and 100 representing that the event **definitely** will occur): ____ percent

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.6

Follow-up Survey Instrument, Form MC

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form MC, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

2 ☐ At sea

3 ☐ In port other than home port

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

_____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: _____ Day: _____ Year: 199 _____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the past 30 days whether or not it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Common cold symptoms

b. 1 ☐ No 2 ☐ Yes Dizziness

c. 1 ☐ No 2 ☐ Yes Chills

d. 1 ☐ No 2 ☐ Yes Cough

e. 1 ☐ No 2 ☐ Yes Sore throat

f. 1 ☐ No 2 ☐ Yes Fever

g. 1 ☐ No 2 ☐ Yes Flu

h. 1 ☐ No 2 ☐ Yes Diarrhea lasting at least 3 days

i. 1 ☐ No 2 ☐ Yes Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-----------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
| Was your headache accompanied by: | | |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (*Please check either "no" or "yes" for every condition*)

a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
b. 1 ☐ No 2 ☐ Yes Sore throat, viral
c. 1 ☐ No 2 ☐ Yes Cough, viral
d. 1 ☐ No 2 ☐ Yes Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(*Please check either "no" or "yes" for every condition*)

a. 1 ☐ No 2 ☐ Yes Health problem
b. 1 ☐ No 2 ☐ Yes Emotional problem
c. 1 ☐ No 2 ☐ Yes Personal problem
d. 1 ☐ No 2 ☐ Yes Family problem
e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (*Please check one box on each line. If you check "Yes," please write your age at first diagnosis*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness No. of visits: ①②③④⑤ or more
 2 ☐ Chronic physical illness No. of visits: ①②③④⑤ or more
 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 6 ☐ Psychological or emotional condition . . . No. of visits: ①②③④⑤ or more
 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
 (*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

LIFESTYLE

19. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)

- 1 ☐ No (*Please skip to question 22*)
 2 ☐ Yes

20. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)

- 0 ☐ None
 1 ☐ 1-4 days
 2 ☐ 5-9 days
 3 ☐ 10-14 days
 4 ☐ 15-19 days
 5 ☐ 20-24 days
 6 ☐ 25-29 days
 7 ☐ Every day
 9 ☐ Not sure

21. On average how many cigarettes did you smoke per day during the **past 30 days**?
(*Check one box*)
- 0 ☐ None
 - 1 ☐ Fewer than 1 cigarette a day, on the average
 - 2 ☐ 1-4 cigarettes
 - 3 ☐ 5-9 cigarettes
 - 4 ☐ 10-19 cigarettes
 - 5 ☐ 20-29 cigarettes
 - 6 ☐ 30-39 cigarettes
 - 7 ☐ 40-49 cigarettes
 - 8 ☐ 50 or more cigarettes
 - 9 ☐ Not sure
22. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (*Check one box*)
- 1 ☐ No
 - 2 ☐ Yes
 - 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (*Check one box*)
- 1 ☐ No
 - 2 ☐ Yes
 - 9 ☐ Not sure
24. During the **past 30 days**, have you used any other form of tobacco? (*Check all that apply*)
- 0 ☐ None
 - 1 ☐ Cigars
 - 2 ☐ Pipe
 - 3 ☐ Smokeless tobacco (snuff or chew)
25. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦
- (*If you filled in 0, please skip to question 28*)
26. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____

27. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
29. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
31. During the **past 30 days** have you: (*Check one box*)
 1 ☐ Gained weight, pounds ____
 2 ☐ Lost weight, pounds ____
 3 ☐ Stayed the same
32. On the average, during a usual week in the **past 12 months**, on approximately how many days did you: (*Fill in one circle on each line*)
- a. Eat a lot more food than you needed during a 24-hour period?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- b. Binge by eating four or more ounces of junk food during a 24-hour period?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- c. Take a water pill (diuretic) to maintain or lose weight?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- d. Take a laxative to maintain or lose weight?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- e. Make yourself vomit to maintain or lose weight?
 ① ② ③ ④ ⑤ ⑥ ⑦ days per week

33. Do you or your partner currently use any form of birth control to prevent pregnancy?
(Please check all that apply)

- 1 ☐ Yes, birth control pills
 2 ☐ Yes, condoms or rubbers
 3 ☐ Yes, spermicidal foam or jelly
 4 ☐ Yes, Depo Provera
 5 ☐ Yes, Norplant
 6 ☐ Yes, intrauterine device (IUD)
 7 ☐ Yes, diaphragm
 8 ☐ Yes, other (please specify) _____
 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
 10 ☐ No, I am (or my partner is) sterile
 11 ☐ No, I am not sexually active
 12 ☐ No, I (we) use no method of birth control

34. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.
(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

35. How do you feel about your: (Check one box on each line)		Terrible (1)	Unhappy (2)	Mostly dissatisfied (3)	Mixed (4)	Mostly satisfied (5)	Pleased (6)	Delighted (7)
a.	Job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Health and physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	(If married) Spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	(If you have children) Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	(If you live in military housing ashore) Military housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	(If you live aboard ship) Living conditions aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	(If you live in other housing ashore) Other housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Military pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

36. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRESS

37. Think about your whole life over the **past 2 weeks**. On the whole, how much stress do you think is in your life right now? (Please check one box)

None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
a. Financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal or health matters of a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crowded conditions aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My personal safety aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintaining personal hygiene aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My lack of privacy aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My inability to get enough exercise aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The lack of recreational activities aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My nutrition, the unavailability of desired foods aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The person I work for (my immediate supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The people I work with (my peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The people who work for me (those I supervise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The way things are typically done aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. -- Continued -- Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

		Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
p.	The people with whom I share living space aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	My ability to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	My career and chances for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Being able to stay in the Navy because of downsizing or force reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	My relationship with my spouse or boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Breaking up with my spouse or boyfriend/girlfriend because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	My ability to communicate with my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	My use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	My life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.	<i>(If you have children)</i> My children because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	<i>(If you have children)</i> Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	<i>(If you have children)</i> Child-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. During the **past 2 weeks**, the stresses listed above have affected my:
(Please check one box on each line)

	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
a. Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performance in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. During the **past 2 weeks**, how well have you coped with these stresses?
(Please check one box)

Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
---	---	--	--	---

FAMILY AND FRIENDS

41. How many close friends do you have? (Please fill in one circle)
① ② ③ ④ ⑤ ⑥ or more
42. How many relatives do you have that you feel close to? (Please fill in one circle)
① ② ③ ④ ⑤ ⑥ or more
43. Altogether, how often do you see these friends and/or relatives? (Check one box)
- 1 ☐ Almost every day
 - 2 ☐ Several times a month
 - 3 ☐ Not very often -- maybe once or twice a month
 - 4 ☐ Seldom -- a few times a year
 - 5 ☐ Almost never
44. Are you a member of any clubs or groups? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes
45. Do you belong to a church, temple, or other religious organization? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes

46. Family composition

a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)

1 ☐ No

2 ☐ Yes

b. Are you a parent?

1 ☐ No

2 ☐ Yes

c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children

d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)

1 ☐ No

2 ☐ Yes

SOURCES OF HELP

47. If you experienced a personal problem, how helpful would the following individuals be to you? (Check one box on each line)

	Very unhelpful (1)	Somewhat unhelpful (2)	Neutral (3)	Somewhat helpful (4)	Very helpful (5)	Not applicable (9)
a. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends on board ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other friends in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other friends not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chaplains, ministers, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Navy professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your ship's leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other professionals not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEELINGS

48. Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
a. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of sexual interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling low in energy or slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Crying easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
r. Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Your feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Feeling others do not understand you or are unsympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
ii. Feeling afraid to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Having to avoid certain things, places or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt. Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu. Having urges to beat, injure or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv. Sleep that is restless or disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww. Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx. Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy. Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz. Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
aaa. Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bbb. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ccc. Feeling nervous when you are alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ddd. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eee. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fff. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ggg. Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hhh. Thoughts and images of a frightening nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jjj. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kkk. Spending less time with peers and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.7

Follow-up Survey Instrument, Form WD

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form WD, v.1.5, 9 Sep 1996

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.
TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO
PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

3 ☐ In port other than home port

2 ☐ At sea

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

_____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: _____ Day: _____ Year: 199 _____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the past 30 days whether or not it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Common cold symptoms

b. 1 ☐ No 2 ☐ Yes Dizziness

c. 1 ☐ No 2 ☐ Yes Chills

d. 1 ☐ No 2 ☐ Yes Cough

e. 1 ☐ No 2 ☐ Yes Sore throat

f. 1 ☐ No 2 ☐ Yes Fever

g. 1 ☐ No 2 ☐ Yes Flu

h. 1 ☐ No 2 ☐ Yes Diarrhea lasting at least 3 days

i. 1 ☐ No 2 ☐ Yes Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-----------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
| Was your headache accompanied by: | | |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (Please check either "no" or "yes" for every condition)

- a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
b. 1 ☐ No 2 ☐ Yes Sore throat, viral
c. 1 ☐ No 2 ☐ Yes Cough, viral
d. 1 ☐ No 2 ☐ Yes Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(Please check either "no" or "yes" for every condition)

- a. 1 ☐ No 2 ☐ Yes Health problem
b. 1 ☐ No 2 ☐ Yes Emotional problem
c. 1 ☐ No 2 ☐ Yes Personal problem
d. 1 ☐ No 2 ☐ Yes Family problem
e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (Please check one box on each line. If you check "Yes," please write your age at first diagnosis)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 2 ☐ Chronic physical illness, not OB-GYN . . No. of visits: ①②③④⑤ or more
 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 6 ☐ Psychological or emotional condition . . . No. of visits: ①②③④⑤ or more
 7 ☐ Pregnancy test or to pick up test kit No. of visits: ①②③④⑤ or more
 8 ☐ OB-GYN care No. of visits: ①②③④⑤ or more
 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
 (*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

OCCUPATIONAL EXPOSURES

19. Have you been exposed during the **past 30 days** to any of the factors listed below?

If yes:

Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
a. Adhesives or gluing compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Asbestos (loose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Carbon monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Diesel exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Diesel fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Dry cleaning solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Exhaust from gasoline engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Gasoline (liquid or vapor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Guided missile fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. High temperature (above 95° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. Hypodermic needles (used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. Insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. Jet exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. Jet fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. Lifting 25 - 49 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. Lifting 50 or more pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. Loud noise (such as jets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. Low temperature (below 32°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. Metal scrapings or filings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

19. -- Continued -- Have you been exposed during the past 30 days to any of the factors listed below?

If yes:

Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
t. Paint (oil based) or thinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. Paint, other or unknown type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. Paint scrapings or paint sanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. Solvent or degreaser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
x. Torpedo fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
y. Other chemicals (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
z. Video display terminal (VDT, CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
aa. Welding fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
bb. Dust or particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
cc. Explosives (nonnuclear) within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
dd. Nitrous oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ee. Ethylene dibromide (EDB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ff. Perchloroethylene (PERC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
gg. Have you ever worn a radiation dosimeter or film badge while working aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year first worn 19 _____	Year last worn 19 _____

LIFESTYLE

20. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)
- 1 ☐ No (*Please skip to question 23*)
- 2 ☐ Yes
21. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)
- 0 ☐ None
- 1 ☐ 1-4 days
- 2 ☐ 5-9 days
- 3 ☐ 10-14 days
- 4 ☐ 15-19 days
- 5 ☐ 20-24 days
- 6 ☐ 25-29 days
- 7 ☐ Every day
- 9 ☐ Not sure
22. On average how many cigarettes did you smoke per day during the **past 30 days**? (*Check one box*)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure

25. During the **past 30 days**, have you used any other form of tobacco? (*Check all that apply*)
- 0 ☐ None
- 1 ☐ Cigars
- 2 ☐ Pipe
- 3 ☐ Smokeless tobacco (snuff or chew)
26. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ (*If you filled in 0, please skip to question 29*)
27. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
29. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ days
30. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ days
31. On the average during the past month, how many **days per week** were you outside in the sun for 20 minutes or more **between 10:00 AM and 2:00 PM**? ("In the sun" refers to any direct exposure to the sunlight, even when the sky was cloudy.) (*Fill in one circle*)
- ① ② ③ ④ ⑤ ⑥ ⑦ days per week
- (*If you filled in 0, please skip to question 33*)

32. On the days marked above, on the average how long were you outside in the sun per day **between 10:00 AM and 2:00 PM?** (*Check one box*)

- 1 ☐ 20-44 minutes
- 2 ☐ 45-59 minutes
- 3 ☐ 1 hour
- 4 ☐ 2 hours
- 5 ☐ 3 hours
- 6 ☐ 4 hours

33. Calcium intake

a. Have you taken any calcium supplements during the **past 30 days?** (*Check one box*)

- 1 ☐ No
- 2 ☐ Yes

b. If yes, how many milligrams of calcium do you take per day?
____ milligrams.

c. On the average, how many glasses do you usually drink **per day** of:
(*Fill in one circle*)

- 1. Skim milk ①②③④⑤ or more glasses.
- 2. Low-fat milk: ①②③④⑤ or more glasses.
- 3. Whole milk: ①②③④⑤ or more glasses.

34. General Nutrition

During the past 7 days, approximately how many times did you: (*Check one box*)

	Never (1)	1-3 times per week (2)	4-6 times per week (3)	7 or more times per week (4)
a. Eat high-fat meats or dairy (e.g., hamburger, hot dogs, steak, bacon, whole milk, cheese, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fried foods (e.g., french fries, fried chicken, fried eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eat refined sugar products (e.g., cakes, pies, cookies, candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat low-fat meats or dairy (e.g., chicken or turkey without skin, low-fat milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat "leafy" vegetables (e.g., broccoli, cabbage, greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat "starchy" vegetables (e.g., beans, peas, corn, potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat fruits (e.g., apples, oranges, raisins, dried fruit, melons, bananas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat high fiber foods (e.g., whole grain breads, cereals, bran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Do you or your partner currently use any form of birth control to prevent pregnancy?
(*Please check all that apply*)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (*please specify*) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

36. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.
(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the past 7 days have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY AND FRIENDS

38. Family composition
- a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)
 - 1 ☐ No
 - 2 ☐ Yes
 - b. Are you a parent?
 - 1 ☐ No
 - 2 ☐ Yes
 - c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ___ children
 - d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)
 - 1 ☐ No
 - 2 ☐ Yes

WOMEN'S SECTION

39. Menstrual periods

- a. During the **past 12 months** have you had regular menstrual periods? (*Check one box*)

1 ☐ No (*Please explain*): _____

2 ☐ Yes, about 1 per month.

3 ☐ Yes, but not 1 per month. (*Please explain*): _____

- b. If you missed one or more periods during the **past 12 months**, please check one box below:

1 ☐ I missed my period approximately ____ time(s) during the **past 12 months**.

0 ☐ I had no periods at all during the **past 12 months**.

9 ☐ I'm not sure of the number of periods I missed during the **past 12 months**.

40. During the **past 90 days** have you taken birth control pills to regulate your periods? (*Check one box*)

1 ☐ No 2 ☐ Yes

41. During the **past 90 days** have you taken replacement estrogens? (*Check one box*)

1 ☐ No

2 ☐ Yes, hormone pills.

3 ☐ Yes, hormone creams or other hormone preparations.

42. Has a doctor *ever* told you that you had any of the following?

(*Please check one box on each line. If you check "Yes," please write your age at first diagnosis.*)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Abnormal Pap smear (test for cervical cancer)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Breast lump diagnosed as benign breast cyst or fibrocystic disease (<i>Please specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Benign breast lump, exact diagnosis unknown	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____

PREGNANCY

43. How many times have you been pregnant? (*Check one box*)
- 0 ☐ Never (*Please skip to question 46*)
- 1 ☐ I have been pregnant ____ times.
44. Are you pregnant now? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
45. Recent pregnancies
- a. Have you been pregnant during the **past 12 months**? (*Check one box*)
- 1 ☐ No (*Skip to question 46*)
- 2 ☐ Yes
- b. How many times have you been pregnant during the **past 12 months**:
_____ times
- c. Were you serving aboard this ship when you were informed you were pregnant?
- 1 ☐ No (*Skip to question 46*)
- 2 ☐ Yes
- d. How many weeks did you serve aboard this ship after your command was notified of your pregnancy? ____ weeks.
- e. Were you transferred ashore due to pregnancy?
- 1 ☐ No (*Skip to question 46*)
- 2 ☐ Yes
- f. How many weeks pregnant were you when transferred off this ship?
____ weeks.

46. Please provide the following information in chronological order for the **past 12 months**. For multiple outcomes, make each a separate entry (e.g., two entries for twins). Indicate only one "outcome" per pregnancy. If you are uncertain of a detail, provide your best estimate.

Pregnancy	Outcome	What was the approximate date of this outcome?	Were you in the Navy at the time?	What was your duty station type at the time: of Con-ception at Out-come	Was this pregnancy planned?
a. Most recent	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month _____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
b. Prior pregnancy (or twin)	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19____ Month _____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

47. What is your best estimate of the likelihood that you will become pregnant in the **next 12 months**?

(Fill in a number between 0 and 100, with 0 representing **no chance** that the event will occur, and 100 representing that the event **definitely** will occur): ____ percent

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.8

Follow-up Survey Instrument, Form MD

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form MD, v.1.5, 9 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.
2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.
3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.
4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.
5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.
6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.
7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)
 - 1 ☐ Never married
 - 2 ☐ Married
 - 3 ☐ Separated
 - 4 ☐ Divorced
 - 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>	<u>Warrant Officer</u>	<u>Officer</u>
E-1 E-6	W-1	O-1 O-5
E-2 E-7	W-2	O-2 O-6
E-3 E-8	W-3	O-3
E-4 E-9	W-4	O-4
E-5		

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?
 Number of men: ____ Number of women: ____

- 7a. To what ship or command are you currently assigned?

- 7b. What is your department? (*Check one box*)

1 <input type="checkbox"/> Administration	6 <input type="checkbox"/> Navigation
2 <input type="checkbox"/> Air	7 <input type="checkbox"/> Operations
3 <input type="checkbox"/> Communications	8 <input type="checkbox"/> Reactor
4 <input type="checkbox"/> Deck	9 <input type="checkbox"/> Repair
5 <input type="checkbox"/> Engineering	10 <input type="checkbox"/> Supply
	11 <input type="checkbox"/> Other (<i>Please specify</i>): _____

8. How long have you been assigned to this ship or command?
 Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

3 ☐ In port other than home port

2 ☐ At sea

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: ____ Day: ____ Year: 199 ____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the past 30 days whether or not it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Common cold symptoms

b. 1 ☐ No 2 ☐ Yes Dizziness

c. 1 ☐ No 2 ☐ Yes Chills

d. 1 ☐ No 2 ☐ Yes Cough

e. 1 ☐ No 2 ☐ Yes Sore throat

f. 1 ☐ No 2 ☐ Yes Fever

g. 1 ☐ No 2 ☐ Yes Flu

h. 1 ☐ No 2 ☐ Yes Diarrhea lasting at least 3 days

i. 1 ☐ No 2 ☐ Yes Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-----------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
| Was your headache accompanied by: | | |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (Please check either "no" or "yes" for every condition)
- a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
- b. 1 ☐ No 2 ☐ Yes Sore throat, viral
- c. 1 ☐ No 2 ☐ Yes Cough, viral
- d. 1 ☐ No 2 ☐ Yes Flu
15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?
(Please check either "no" or "yes" for every condition)
- a. 1 ☐ No 2 ☐ Yes Health problem
- b. 1 ☐ No 2 ☐ Yes Emotional problem
- c. 1 ☐ No 2 ☐ Yes Personal problem
- d. 1 ☐ No 2 ☐ Yes Family problem
- e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (Please check one box on each line. If you check "Yes," please write your age at first diagnosis)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness No. of visits: ①②③④⑤ or more
 2 ☐ Chronic physical illness No. of visits: ①②③④⑤ or more
 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 6 ☐ Psychological or emotional condition . . . No. of visits: ①②③④⑤ or more
 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
 (*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

OCCUPATIONAL EXPOSURES

19. Have you been exposed during the **past 30 days** to any of the factors listed below?

				If yes:	
Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
a. Adhesives or gluing compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Asbestos (loose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Carbon monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Diesel exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Diesel fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Dry cleaning solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Exhaust from gasoline engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Gasoline (liquid or vapor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Guided missile fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. High temperature (above 95° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. Hypodermic needles (used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. Insecticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. Jet exhaust within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. Jet fuel within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. Lifting 25 - 49 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
p. Lifting 50 or more pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
q. Loud noise (such as jets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
r. Low temperature (below 32°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
s. Metal scrapings or filings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

19. -- Continued -- Have you been exposed during the past 30 days to any of the factors listed below?

If yes:

Exposure (Check one box on each line. If you answer "yes" to any question, please complete all items on that line.)	No (1)	Yes (2)	Not sure (9)	Usual no. of hours exposed per day	Usual no. of days exposed per week
t. Paint (oil based) or thinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
u. Paint, other or unknown type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
v. Paint scrapings or paint sanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
w. Solvent or degreaser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
x. Torpedo fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
y. Other chemicals (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
z. Video display terminal (VDT, CRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
aa. Welding fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
bb. Dust or particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
cc. Explosives (nonnuclear) within 50 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
dd. Nitrous oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ee. Ethylene dibromide (EDB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ff. Perchloroethylene (PERC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
gg. Have you ever worn a radiation dosimeter or film badge while working aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year first worn 19 ____	Year last worn 19 ____

LIFESTYLE

20. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)
- 1 ☐ No (*Please skip to question 23*)
- 2 ☐ Yes
21. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)
- 0 ☐ None
- 1 ☐ 1-4 days
- 2 ☐ 5-9 days
- 3 ☐ 10-14 days
- 4 ☐ 15-19 days
- 5 ☐ 20-24 days
- 6 ☐ 25-29 days
- 7 ☐ Every day
- 9 ☐ Not sure
22. On average how many cigarettes did you smoke per day during the **past 30 days**? (*Check one box*)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure

25. During the **past 30 days**, have you used any other form of tobacco? (*Check all that apply*)
- 0 ☐ None
1 ☐ Cigars
2 ☐ Pipe
3 ☐ Smokeless tobacco (snuff or chew)
26. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(*Fill in one circle*)
① ② ③ ④ ⑤ ⑥ ⑦ (*If you filled in 0, please skip to question 29*)
27. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.)
(*Fill in one circle*)
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
29. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least **20 minutes** without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
① ② ③ ④ ⑤ ⑥ ⑦ days
30. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least **20 minutes** without stopping?: (*Fill in one circle*)
① ② ③ ④ ⑤ ⑥ ⑦ days
31. On the average during the past month, how many **days per week** were you outside in the sun for 20 minutes or more **between 10:00 AM and 2:00 PM**? ("In the sun" refers to any direct exposure to the sunlight, even when the sky was cloudy.)
(*Fill in one circle*)
① ② ③ ④ ⑤ ⑥ ⑦ days per week
(*If you filled in 0, please skip to question 33*)

32. On the days marked above, on the average how long were you outside in the sun per day **between 10:00 AM and 2:00 PM?** (*Check one box*)

- 1 ☐ 20-44 minutes
- 2 ☐ 45-59 minutes
- 3 ☐ 1 hour
- 4 ☐ 2 hours
- 5 ☐ 3 hours
- 6 ☐ 4 hours

33. Calcium intake

a. Have you taken any calcium supplements during the **past 30 days?** (*Check one box*)

- 1 ☐ No
- 2 ☐ Yes

b. If yes, how many milligrams of calcium do you take per day?
_____ milligrams.

c. On the average, how many glasses do you usually drink **per day** of:
(*Fill in one circle*)

- 1. Skim milk ①②③④⑤ or more glasses.
- 2. Low-fat milk: ①②③④⑤ or more glasses.
- 3. Whole milk: ①②③④⑤ or more glasses.

34. General Nutrition

During the past 7 days, approximately how many times did you: (*Check one box*)

	Never (1)	1-3 times per week (2)	4-6 times per week (3)	7 or more times per week (4)
a. Eat high-fat meats or dairy (e.g., hamburger, hot dogs, steak, bacon, whole milk, cheese, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fried foods (e.g., french fries, fried chicken, fried eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eat refined sugar products (e.g., cakes, pies, cookies, candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat low-fat meats or dairy (e.g., chicken or turkey without skin, low-fat milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat "leafy" vegetables (e.g., broccoli, cabbage, greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat "starchy" vegetables (e.g., beans, peas, corn, potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Eat fruits (e.g., apples, oranges, raisins, dried fruit, melons, bananas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eat high fiber foods (e.g., whole grain breads, cereals, bran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Do you or your partner currently use any form of birth control to prevent pregnancy?
(*Please check all that apply*)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (*please specify*) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

36. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.

(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY

38. Family composition
- a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)
 - 1 ☐ No
 - 2 ☐ Yes
 - b. Are you a parent?
 - 1 ☐ No
 - 2 ☐ Yes
 - c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children
 - d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)
 - 1 ☐ No
 - 2 ☐ Yes

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center
Code 233
Post Office Box 85122
San Diego, CA 92186-5122
Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.9

TWA Flight 800 Recovery Operations, Form WB G

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form WB, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |
-

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?

(Check one box)

1 ☐ In home port

2 ☐ At sea

3 ☐ In port other than home port

4 ☐ In shipyard

9 ☐ Other (Please specify): _____

10. Deployment status

a. How many times have you deployed during the past 12 months?

(For purposes of this questionnaire, deployment is defined as:

"Ship scheduled at sea for 30 days or more")

_____ Times

b. Are you currently deployed (30 days or more)?

(Check one box)

1 ☐ No (Please skip to question 11)

2 ☐ Yes

c. What date did you begin this deployment?

Mo.: _____ Day: _____ Year: 199 _____

11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)

1 ☐ No

2 ☐ Yes

12. Where do you live when your ship is in your home port? (Check one box)

1 ☐ Aboard ship

3 ☐ BEQ/BOQ

2 ☐ Navy housing

9 ☐ Other

HEALTH CONDITIONS

13. Have you had any of these health conditions during the **past 30 days whether or not it** resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Common cold symptoms

b. 1 ☐ No 2 ☐ Yes Dizziness

c. 1 ☐ No 2 ☐ Yes Chills

d. 1 ☐ No 2 ☐ Yes Cough

e. 1 ☐ No 2 ☐ Yes Sore throat

f. 1 ☐ No 2 ☐ Yes Fever

g. 1 ☐ No 2 ☐ Yes Flu

h. 1 ☐ No 2 ☐ Yes Diarrhea lasting at least 3 days

i. 1 ☐ No 2 ☐ Yes Stomach problems

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-----------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |
| Was your headache accompanied by: | | |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (Please check either "no" or "yes" for every condition)

a.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Cold or acute nasopharyngitis
b.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Sore throat, viral
c.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Cough, viral
d.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(Please check either "no" or "yes" for every condition)

a.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Health problem
b.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Emotional problem
c.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Personal problem
d.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Family problem
e.	1 <input type="checkbox"/> No	2 <input type="checkbox"/> Yes	Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (Please check one box on each line. If you check "Yes," please write your age at first diagnosis)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)
- 1 ☐ Acute physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 - 2 ☐ Chronic physical illness, not OB-GYN No. of visits: ①②③④⑤ or more
 - 3 ☐ Acute injury No. of visits: ①②③④⑤ or more
 - 4 ☐ Old or chronic injury No. of visits: ①②③④⑤ or more
 - 5 ☐ Health maintenance or preventive screening No. of visits: ①②③④⑤ or more
 - 6 ☐ Psychological or emotional condition No. of visits: ①②③④⑤ or more
 - 7 ☐ Pregnancy test or to pick up test kit No. of visits: ①②③④⑤ or more
 - 8 ☐ OB-GYN care No. of visits: ①②③④⑤ or more
 - 9 ☐ Other No. of visits: ①②③④⑤ or more

18. Approximately how many months or days ago was your:
(*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

LIFESTYLE

19. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)
- 1 ☐ No (*Please skip to question 22*)
 - 2 ☐ Yes
20. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)
- 0 ☐ None
 - 1 ☐ 1-4 days
 - 2 ☐ 5-9 days
 - 3 ☐ 10-14 days
 - 4 ☐ 15-19 days
 - 5 ☐ 20-24 days
 - 6 ☐ 25-29 days
 - 7 ☐ Every day
 - 9 ☐ Not sure

21. On average how many cigarettes did you smoke per day during the **past 30 days**?
(Check one box)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
22. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you used any other form of tobacco? (Check all that apply)
- 0 ☐ None
- 1 ☐ Cigars
- 2 ☐ Pipe
- 3 ☐ Smokeless tobacco (snuff or chew)
25. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦
- (If you filled in 0, please skip to question 28)
26. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____

27. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least **20 minutes** without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
29. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least **20 minutes** without stopping?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
31. Calcium intake
 a. Have you taken any calcium supplements during the **past 30 days**? (*Check one box*)
 1 ☐ No
 2 ☐ Yes
 b. If yes, how many milligrams of calcium do you take per day?
 ____ milligrams.
 c. On the average, how many glasses do you usually drink **per day** of:
 (*Fill in one circle*)
 1. Skim milk ① ② ③ ④ ⑤ or more glasses.
 2. Low-fat milk: ① ② ③ ④ ⑤ or more glasses.
 3. Whole milk: ① ② ③ ④ ⑤ or more glasses.

32. General Nutrition

During the past 7 days , approximately how many times did you: (<i>Check one box</i>)		Never (1)	1-3 times per week (2)	4-6 times per week (3)	7 or more times per week (4)
a.	Eat high-fat meats or dairy (e.g., hamburger, hot dogs, steak, bacon, whole milk, cheese, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Eat fried foods (e.g., french fries, fried chicken, fried eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Eat refined sugar products (e.g., cakes, pies, cookies, candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Eat low-fat meats or dairy (e.g., chicken or turkey without skin, low-fat milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Eat "leafy" vegetables (e.g., broccoli, cabbage, greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Eat "starchy" vegetables (e.g., beans, peas, corn, potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Eat fruits (e.g., apples, oranges, raisins, dried fruit, melons, bananas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Eat high fiber foods (e.g., whole grain breads, cereals, bran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During the **past 30 days**, on the average, how many hours of sleep did you get **per 24 hours**? (*Fill in one circle*)

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ hours

34. Do you or your partner currently use any form of birth control to prevent pregnancy?

(Please check all that apply)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (please specify) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

35. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.

(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

36. How do you feel about your:
(Check one box on each line)

	Terrible (1)	Unhappy (2)	Mostly dissatisfied (3)	Mixed (4)	Mostly satisfied (5)	Pleased (6)	Delighted (7)
a. Job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. (If married) Spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. (If you have children) Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. (If you live in military housing ashore) Military housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. (If you live aboard ship) Living conditions aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. (If you live in other housing ashore) Other housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Military pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRESS

38. Think about your whole life over the **past 2 weeks**. On the whole, how much stress do you think is in your life right now? (Please check one box)

None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
a. Financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal or health matters of a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crowded conditions aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My personal safety aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintaining personal hygiene aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My lack of privacy aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My inability to get enough exercise aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The lack of recreational activities aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My nutrition, the unavailability of desired foods aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The person I work for (my immediate supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The people I work with (my peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The people who work for me (those I supervise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The way things are typically done aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. -- Continued -- Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
p. The people with whom I share living space aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My ability to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My career and chances for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Being able to stay in the Navy because of downsizing or force reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. My relationship with my spouse or boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Breaking up with my spouse or boyfriend/girlfriend because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. My ability to communicate with my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. My use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. My life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. <i>(If you have children)</i> My children because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <i>(If you have children)</i> Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. <i>(If you have children)</i> Child-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. During the **past 2 weeks**, the stresses listed above have affected my:
(Please check one box on each line)

	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
a. Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performance in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. During the **past 2 weeks**, how well have you coped with these stresses?
(Please check one box)

Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
---	---	--	--	---

FAMILY AND FRIENDS

42. How many close friends do you have? (Please fill in one circle)
① ② ③ ④ ⑤ ⑥ or more
43. How many relatives do you have that you feel close to? (Please fill in one circle)
① ② ③ ④ ⑤ ⑥ or more
44. Altogether, how often do you see these friends and/or relatives each month? (Check one box)
- 1 ☐ Almost every day
 - 2 ☐ Several times a month
 - 3 ☐ Not very often -- maybe once or twice a month
 - 4 ☐ Seldom -- a few times a year
 - 5 ☐ Almost never
45. Are you a member of any clubs or groups? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes
46. Do you belong to a church, temple, or other religious organization? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes

47. Family composition
- a. *(Unmarried men and women)* When you are ashore, do you live with a significant other person in a marital-like relationship? *(Check one box)*
 1 ☐ No
 2 ☐ Yes
- b. Are you a parent?
 1 ☐ No
 2 ☐ Yes
- c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children
- d. Are you a single parent? *(You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)*
 1 ☐ No
 2 ☐ Yes

SOURCES OF HELP

48. If you experienced a personal problem, how helpful would the following individuals be to you? *(Check one box on each line)*

	Very unhelpful (1)	Somewhat unhelpful (2)	Neutral (3)	Somewhat helpful (4)	Very helpful (5)	Not applicable (9)
a. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends on board ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other friends in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other friends not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chaplains, ministers, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Navy professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your ship's leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other professionals not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEELINGS

49. Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
a. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of sexual interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling low in energy or slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Crying easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
r. Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Your feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Feeling others do not understand you or are unsympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh. Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
ii. Feeling afraid to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk. Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll. Having to avoid certain things, places or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm. Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn. Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo. The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq. Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr. Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt. Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu. Having urges to beat, injure or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv. Sleep that is restless or disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww. Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx. Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy. Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz. Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- *Continued* -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
aaa. Spells of terror or panic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
bbb. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ccc. Feeling nervous when you are alone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ddd. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eee. Feeling so restless you couldn't sit still	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
fff. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ggg. Feeling that people will take advantage of you if you let them	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
hhh. Thoughts and images of a frightening nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Feelings of guilt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
jjj. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kkk. Spending less time with peers and friends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

WOMEN'S SECTION

50. Reproductive system health

a. Did you **have** this condition during the **past 90 days**? (Check one box on each line)

b. If yes, did you **first** experience the condition, or did it get worse, **during the past 90 days**? (Check one box on each line if answer to the condition is "yes")

Condition	No (1)	Yes (2)	Not sure (9)	No (1)	Yes (2)	Not sure (9)
a. Bleeding between periods	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Cramps or pain during menstrual period requiring medication or time off work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cramps or pain during menstrual period not requiring medication or time off work.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Excessive frequency of periods (time between periods too short)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heavy periods (excessive menstrual flow)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Period lasting longer than 1 week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Scanty menstrual flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Abdominal pain (from known cysts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Abdominal pain (from known endometriosis)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j. Abdominal pain (from other or unknown cause)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Discharge from breast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l. Breast lump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Did any of the conditions listed above (a through l) require you to:
- a. Take 2 or more hours off work during the **past 90 days**? (*Check one box*)
1 ☐ No 2 ☐ Yes (Specify which condition(s):) _____
- b. Miss 1 or more days of work during the **past 90 days**? (*Check one box*)
1 ☐ No 2 ☐ Yes (Specify which condition(s):) _____
52. Menstrual periods
- a. During the **past 12 months** have you had regular menstrual periods?
(*Check one box*)
1 ☐ No (*Please explain*): _____

2 ☐ Yes, about 1 per month.
3 ☐ Yes, but not 1 per month. (*Please explain*): _____

- b. If you missed one or more periods during the **past 12 months**, please check one box below:
1 ☐ I missed my period approximately ____ time(s) during the **past 12 months**.
0 ☐ I had no periods at all during the **past 12 months**.
9 ☐ I'm not sure of the number of periods I missed during the **past 12 months**.
53. During the **past 90 days** have you taken birth control pills to regulate your periods?
(*Check one box*)
1 ☐ No 2 ☐ Yes
54. During the **past 90 days** have you taken replacement estrogens? (*Check one box*)
1 ☐ No
2 ☐ Yes, hormone pills.
3 ☐ Yes, hormone creams or other hormone preparations.

55. Did you have any of the following conditions during the **past 90 days**? (Please check either "no" or "yes" for every condition listed)

- | | | | |
|----|-------------------------------|--------------------------------|--|
| a. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Urinary tract infection |
| b. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Vaginal rash, discharge, or other vaginal disorder except yeast infection, not including sexually-transmitted diseases |
| c. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Yeast infection |
| d. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pelvic or lower abdominal pain |
| e. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Gonorrhea |
| f. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other sexually-transmitted disease |
| g. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other genitourinary system condition |
- (Please specify): _____

56. Did any of the conditions listed above (a through g) require you to:

- a. Take 2 or more hours off from work during the **past 90 days**?

(Check one box)

1 ☐ No

2 ☐ Yes (Specify which condition(s)): _____

- b. Miss 1 or more days of work during the **past 90 days**? (Check one box)

1 ☐ No

2 ☐ Yes (Specify which condition(s)): _____

57. Has a doctor *ever* told you that you had any of the following?

(Please check one box on each line. If you check "Yes," please write your age at first diagnosis.)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Abnormal Pap smear (test for cervical cancer)	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Breast lump diagnosed as benign breast cyst or fibrocystic disease (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Benign breast lump, exact diagnosis unknown	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____

PREGNANCY

58. How many times have you been pregnant? (*Check one box*)
- 0 ☐ Never (*Please skip to question 62*)
- 1 ☐ I have been pregnant ____ times.
59. Are you pregnant now? (*Check one box*)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
60. Recent pregnancies
- a. Have you been pregnant during the **past 12 months**? (*Check one box*)
- 1 ☐ No (*Skip to question 62*)
- 2 ☐ Yes
- b. How many times have you been pregnant during the **past 12 months**?
_____ times.
- c. Were you serving aboard this ship when you were informed you were pregnant?
- 1 ☐ No (*Skip to question 62*)
- 2 ☐ Yes
- d. How many weeks did you serve aboard this ship after your command was notified of your pregnancy? ____ weeks.
- e. Were you transferred ashore due to pregnancy?
- 1 ☐ No (*Skip to question 62*)
- 2 ☐ Yes
- f. How many weeks pregnant were you when transferred off this ship?
____ weeks.

61. Please provide the following information in chronological order for the **past 12 months**. For multiple outcomes, make each a separate entry (e.g., two entries for twins). Indicate only one "outcome" per pregnancy. If you are uncertain of a detail, provide your best estimate.

Pregnancy	Outcome	What was the approximate date of this outcome?	Were you in the Navy at the time?	What was your duty station type at the time: of at con- out- ception come	Was this pregnancy planned?
a. Most recent	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19 ____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes
b. Prior pregnancy (or twin)	<input type="checkbox"/> 1 Live Birth <input type="checkbox"/> 2 Stillbirth <input type="checkbox"/> 3 Miscarriage/spontaneous abortion <input type="checkbox"/> 4 Ectopic pregnancy <input type="checkbox"/> 5 Elective induced abortion	Year 19 ____ Month ____	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes	<input type="checkbox"/> 1 Afloat <input type="checkbox"/> 2 Aviation SQD <input type="checkbox"/> 3 Industrial type shore <input type="checkbox"/> 4 Other shore	<input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes Were you using birth control? <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes

62. What is your best estimate of the likelihood that you will become pregnant in the **next 12 months**?
 (Fill in a number between 0 and 100, with 0 representing *no chance* that the event will occur, and 100 representing that the event *definitely* will occur): ____ percent

FAMILY PLANNING

63. Please rate your agreement or disagreement with each of the following statements. (*Check one box on each line*)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. I hope to become pregnant during the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I probably will become pregnant during the next 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My partner objects to use of birth control measures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using birth control is inconvenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would not use birth control pills because I am concerned about possible health effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A sexually active woman who uses an intrauterine device (IUD) is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A sexually active woman who uses a diaphragm and contraceptive gel is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A sexually active woman whose partner always uses a condom is not very likely to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OB/GYN AVAILABILITY

64. Approximately how many months or days ago was your most recent: (Fill in number of months or days for each item)	Number of months	Number of days (if less than 1 month)
a. Pap smear (test for cervical cancer)?	_____	_____
b. Pelvic examination?	_____	_____
c. Breast examination by a physician or nurse?	_____	_____

65. Pre-deployment OB-GYN visit

- a. Have you deployed at sea for 30 days or more at any time during the past 12 months?

1 ☐ No (*Skip to Comments and Suggestions on the last page*)
2 ☐ Yes

- b. Preceding deployment, did you request a pre-deployment appointment with a gynecologist or obstetrician from a Navy medical facility?

1 ☐ No (*Skip to Comments and Suggestions on the last page*)
2 ☐ Yes

- c. If yes, print below the month and year you requested the appointment:

_____, 19____
Month Year

- d. Were you given a gynecological or obstetrical appointment? (*Check one box*)

1 ☐ No (*Skip to Comments and Suggestions on the last page*)
2 ☐ Yes

- e. Were you able to keep the appointment before deployment? (*Check one box*)

1 ☐ No
2 ☐ Yes

DEMOGRAPHIC DATA II

66. What is your race? (*Check one box*)
- 1 ☐ White
 - 2 ☐ Black/African-American
 - 3 ☐ Asian/Pacific Islander
 - 4 ☐ Native American
 - 9 ☐ Other (*please specify*): _____
67. What is the highest level of education you have completed: (*Check one box on each*)
- 1 ☐ Some high school
 - 2 ☐ Graduate equivalency degree (GED)
 - 3 ☐ High school graduate
 - 4 ☐ Trade or technical school graduate
 - 5 ☐ Some college or AA degree
 - 6 ☐ 4-year college degree
 - 7 ☐ Graduate or professional degree
68. What is your approximate total number of years and months on active duty (Navy or other branch of service)?
- _____ years and _____ months
69. What is the approximate total time you have served aboard Navy ships counting all time on all ships on which you served?
- _____ years and _____ months
70. What is the approximate total time you have served aboard a Navy salvage ship?
- _____ years and _____ months

FLIGHT 800 RECOVERY OPERATIONS

71. Please describe your main duties aboard ship during TWA Flight 800 recovery operations. (*Please check all that apply*)
- 01 ☐ Diver
 - 02 ☐ Operate or maintain diving equipment
 - 03 ☐ Operate or maintain electrical systems
 - 04 ☐ Operate or maintain hoist or other mechanical systems on deck
 - 05 ☐ Operate or maintain main propulsion system

71. -- *Continue* -- Please describe your main duties aboard ship during TWA Flight 800 recovery operations. (*Please check all that apply*)

06 ☐ Operate or maintain radar, sonar, or radio communications equipment

07 ☐ Operate or maintain other electronic equipment

08 ☐ Perform administrative or clerical services

09 ☐ Perform general or hull maintenance duties mainly topside

10 ☐ Perform general or hull maintenance duties mainly below

11 ☐ Mess management or other services

12 ☐ Medical, nursing, or medical corpsman duties

13 ☐ Officer duties

99 ☐ Other (*please describe*): _____

72. What date did you first arrive on scene of any Flight 800-related recovery operations?

Month: ____ Day: ____ Year: 1996

73. What date did you last take part in any Flight 800-related recovery operations on scene?

Month: ____ Day: ____ Year: 1996

74. Before Flight 800 recovery operations, have you ever participated in an operation that involved recovery of human remains?

1 ☐ No

2 ☐ Yes

75. While you were on scene, approximately how many times did you visit sick call or a doctor?

____ times

76. While you were in port during the period of recovery operations, approximately how many times did you visit sick call or a doctor?

____ times

77. While you were under way during the period of recovery operations, but not on scene, approximately how many times did you visit sick call or a doctor?

____ times

DISSOCIATIVE EXPERIENCES QUESTIONS

78. INSTRUCTIONS: Please complete the items below by checking the box of the choice that best describes your experiences and reactions DURING THE RECOVERY OPERATION AND IMMEDIATELY AFTERWARD. If an item does not apply to your experience, please check "not at all true."

	Not at all true (1)	Slightly true (2)	Somewhat true (3)	Very true (4)	Extremely true (5)
a. I had moments of losing track of what was going on -- I "blanked out" or "spaced out" or in some way felt that I was not part of what was going on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I found that I was on "automatic pilot" -- I ended up doing things that I later realized I hadn't actively decided to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My sense of time changed -- things seemed to be happening in slow motion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What was happening seemed unreal to me, like I was in a dream or watching a movie or play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt as though I were a spectator watching what was happening to me, as if I were floating above the scene or observing it as an outsider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

78. -- *Continued* -- INSTRUCTIONS: Please complete the items below by checking the box of the choice that best describes your experiences and reactions DURING THE RECOVERY OPERATION AND IMMEDIATELY AFTERWARD. If an item does not apply to your experience, please check "not at all true."

	Not at all true (1)	Slightly true (2)	Somewhat true (3)	Very true (4)	Extremely true (5)
f. There were moments when my sense of my own body seemed distorted or changed. I felt disconnected from my own body, or that it was unusually large or small.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt as though things that were actually happening to others were happening to me -- like I was being trapped when I really wasn't.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I was surprised to find out afterwards that a lot of things had happened at the time that I was not aware of, especially things I ordinarily would have noticed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt confused, that is, there were moments when I had difficulty making sense of what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I felt disoriented, that is, there were moments when I felt uncertain about where I was or what time it was.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPACT OF EVENT SCALE

79. INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then check the box that best indicates how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the recovery operation, and how much you were distressed or bothered by these difficulties.

	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
a. Any reminder brought back feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had trouble staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other things kept making me think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt irritable and angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I avoided letting myself get upset when I thought about it or was reminded of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I thought about it when I didn't mean to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt as if it hadn't happened or wasn't real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I stayed away from reminders about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pictures about it popped into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I was jumpy and easily startled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I tried not to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. -- *Continued* -- INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then check the box that best indicates how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the recovery operation, and how much you were distressed or bothered by these difficulties.

	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
m. My feelings about it were kind of numb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I found myself acting or feeling like I was back at that time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I had trouble falling asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I had waves of strong feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I tried to remove it from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I had trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I had dreams about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I felt watchful and on-guard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I tried not to talk about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

80. The following items refer to your experiences related to TWA Flight 800 recovery operations.

	Never (1)	Occasionally (2)	Often (3)	Most of the time (4)	All of the time (5)
a. Do you keep remembering this event when you don't want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have dreams or nightmares about this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you ever suddenly act or feel as though part of this event is happening again, even though it isn't?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

81. Previous to TWA Flight 800 recovery operations, did any of the following ever happen to you?

Being . . .	No (1)	Yes (2)	Approximately what year(s) did this happen?
a. . . . in combat?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
b. . . . assaulted or threatened with a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
c. . . . almost killed or badly hurt?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
d. Seeing someone being hurt or killed?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
e. Other terrible experience (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	19 ____

82. Do you keep remembering any of the above events even when you don't want to?

1 ☐ No
2 ☐ Yes
9 ☐ Not sure

83. Do you keep having dreams or nightmares about it?

1 ☐ No
2 ☐ Yes
9 ☐ Not sure

84. During TWA Flight 800 recovery operations were you exposed to any of the factors listed below? (*Direct contact means touching with or without gloves.*)

If answer is yes, please fill in the circles below:

Exposure	No (1)	Yes (2)	What was the usual number of hours per day that you had this exposure or did this activity?	What was the usual number of days per week that you had this exposure or did this activity?
a. Skin contact with jet fuel from Flight 800?	<input type="checkbox"/>	<input type="checkbox"/>	① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ① ② ③ ④ ⑤ ⑥ ⑦
b. Inhaling vapor from jet fuel from Flight 800?	<input type="checkbox"/>	<input type="checkbox"/>	① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ① ② ③ ④ ⑤ ⑥ ⑦
c. Direct contact with (touching) <u>intact</u> bodies?	<input type="checkbox"/>	<input type="checkbox"/>	① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ① ② ③ ④ ⑤ ⑥ ⑦
d. Direct contact with (touching) <u>body parts</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ① ② ③ ④ ⑤ ⑥ ⑦
e. Direct contact with (touching) <u>blood</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ① ② ③ ④ ⑤ ⑥ ⑦
f. Taking part in activities where human <u>remains</u> <u>were visible</u> but you did not have direct contact with them?	<input type="checkbox"/>	<input type="checkbox"/>	① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ① ② ③ ④ ⑤ ⑥ ⑦
g. Diving underwater?	<input type="checkbox"/>	<input type="checkbox"/>	What was your usual number of dives per day? ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	How many days per week did you usually dive? ① ① ② ③ ④ ⑤ ⑥ ⑦

85. What aspect of the recovery activities bothered you most?

☐ Don't know

86. Why did this bother you most?

☐ Don't know

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881

APPENDIX C.10

TWA Flight 800 Recovery Operations, Form MB G

U. S. NAVY SHIPBOARD HEALTH FOLLOW-UP SURVEY



NAVAL HEALTH RESEARCH CENTER
SAN DIEGO

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THIS COVER SHEET
AND PLACE IN THE SMALL ENVELOPE PROVIDED

See Inside for Information to Participants and Privacy Act Statement

Form MB, v.1.5, 09 Sep 96

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements. By my signature below, I give my voluntary informed consent to participate in this research study as it has been explained to me above.

Signature: _____

Date: _____ - _____ - 199____
Month Day Year

Permanent address _____

City _____

State _____

Zip Code _____

THIS PAGE TO BE COMPLETED BY ALL STUDY PARTICIPANTS.

TO PROTECT YOUR CONFIDENTIALITY, REMOVE THE COVER SHEET AND THIS PAGE, AND PLACE THESE TWO PAGES IN THE SMALL ENVELOPE PROVIDED. A COPY OF THIS PAGE IS INCLUDED FOR YOU TO KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

Voluntary Consent to Participate in the U.S. Navy Shipboard Health Follow-Up Survey

1. I am being asked to continue to volunteer participating in a research study entitled, "Health Aboard Navy Ships: A Comprehensive Health and Readiness Research Project." The purpose of this study is to enhance basic medical knowledge concerning the provision of medical care and health promotion. I am being asked to participate now by filling out a questionnaire which will take approximately 45 to 60 minutes to complete. In about one year, I may be asked to fill out a similar questionnaire, if I am still active-duty.

2. I understand that my continuing participation in this study is completely voluntary. If I do not choose to participate there are no penalties, and I will not lose any benefits to which I am otherwise entitled. I may discontinue my participation in this study at any time I choose without fear of penalty or loss of benefits to which I am otherwise entitled. I do not need to answer any questions on this questionnaire that make me feel uncomfortable or embarrassed.

3. The benefit that I may expect from my participation in this research study is the knowledge that I will be helping the Navy to provide the best possible medical services to men and women serving aboard Navy ships. There is no direct personal benefit to me from participation in this research study.

4. The investigators believe that there are no direct physical or psychological risks to me as a participant in this research study, with the possible exception of a very unlikely accidental breach of confidentiality. In the event that confidentiality is breached, the questionnaire with personal identifiers contains no questions which would provide legally actionable items under Military or Civil law. However, I could experience some embarrassment or potential psychological stress if confidentiality is breached. Specific safeguards to protect my confidentiality are outlined in paragraph 5.

5. Confidentiality during this research study will be protected by restricting access to all data collected to personnel working on this research project who have taken an oath of confidentiality. Representatives of the U.S. Army Medical Research and Materiel Command are eligible to review research records as a part of their responsibility to protect human subjects in research. The confidentiality of the information related to my participation in this research study will be protected at all times by use of an arbitrary number to identify me. I also understand that none of my responses will become a part of my medical or military record and that no information that might identify me personally will be included in results from reports of this study. All data and medical information obtained about me as an individual will be considered privileged and held in confidence; I will not be identified in any presentation of the results. Complete confidentiality cannot be promised, particularly to subjects who are military personnel, because information bearing on my health may be required to be reported to appropriate medical or command authorities.

6. If I have questions about this research study I should contact the principal investigator, Dr. Frank C. Garland at the Naval Health Research Center (NHRC), San Diego, CA 92186-5122, phone (619) 553-6881; DSN 553-6881. If I have questions about the ethical aspects of this study, my rights as a volunteer, or any concerns relating to protection of research volunteers, I can contact Dr. Tamsin Kelly at NHRC, phone (619) 553-8443; DSN 553-8443. Additionally, I may contact Dr. Stephanie Brodine at NHRC if I have any questions about medical aspects of this study. Dr. Brodine may be contacted at NHRC, phone (619) 553-7809; DSN 553-7809.

7. I have been informed that Dr. Frank C. Garland is responsible for the storage of my consent form and the research records related to my participation in this study. These records are stored at the Naval Health Research Center, San Diego, CA 92186-5122.

8. I fully understand the above statements.

THIS IS YOUR COPY. YOU MAY REMOVE IT AND KEEP.

Information to Participants

You are being asked to voluntarily complete this follow-up survey giving candid responses and opinions about health-related issues and to continue in a study that will involve one or more additional questionnaires. Your answers are for research use only and will be kept strictly confidential. Data will be reported so that no individual participant can be identified and the information you provided will not become part of anyone's official records. If you have any questions about this survey, please contact Dr. Frank C. Garland, Naval Health Research Center, San Diego, CA 92186-5122/DSN: 553-6881; Commercial (619) 553-6881.

Privacy Act Statement

1. **Authority.** 5 USC 301, 10 USC 1071. OPNAV Control Symbol 6000-13C.
2. **Purpose.** Medical research information will be collected to enhance basic medical knowledge concerning medical care and health promotion. 3. **Routine use.** Medical research information will be used in statistical analyses by the Departments of the Navy, Defense, and other U.S. Government agencies, provided this is compatible with the purpose for which information was collected. Use of the information may be granted to non-Government agencies by the Chief, Bureau of Medicine and Surgery, in accordance with the provisions of the Freedom of Information Act. 4. **Voluntary disclosure.** I understand that all information derived from the study will be retained at the Naval Health Research Center, San Diego, and that my anonymity will be maintained. I voluntarily agree to its disclosure to agencies or individuals identified in the preceding paragraph. I understand that my provision of information is voluntary, and that I am free to discontinue filling out the questionnaire and withdraw from the study at any time without prejudice or loss of medical treatment or privileges to which I would otherwise be entitled.

DEMOGRAPHIC DATA

1. Today's date: Month: ____ Day: ____ Year: 199 ____

2. What is your current marital status? (*Check one box*)

- 1 ☐ Never married
- 2 ☐ Married
- 3 ☐ Separated
- 4 ☐ Divorced
- 5 ☐ Widowed

3. What is your pay grade? (*Circle one*)

<u>Enlisted</u>		<u>Warrant Officer</u>	<u>Officer</u>	
E-1	E-6	W-1	O-1	O-5
E-2	E-7	W-2	O-2	O-6
E-3	E-8	W-3	O-3	
E-4	E-9	W-4	O-4	
E-5				

4. If you are Navy enlisted, what is your rating (e.g., SN, FN BT, HM, ASM)? ____

5. If you are Marine enlisted, what is your M.O.S. number? ____

6. How many people currently are in your work group?

Number of men: ____ Number of women: ____

7a. To what ship or command are you currently assigned?

7b. What is your department? (*Check one box*)

- | | |
|---|--|
| 1 <input type="checkbox"/> Administration | 6 <input type="checkbox"/> Navigation |
| 2 <input type="checkbox"/> Air | 7 <input type="checkbox"/> Operations |
| 3 <input type="checkbox"/> Communications | 8 <input type="checkbox"/> Reactor |
| 4 <input type="checkbox"/> Deck | 9 <input type="checkbox"/> Repair |
| 5 <input type="checkbox"/> Engineering | 10 <input type="checkbox"/> Supply |
| | 11 <input type="checkbox"/> Other (<i>Please specify</i>): |

8. How long have you been assigned to this ship or command?

Years: ____ and months: ____

9. If you are currently aboard ship, what is your ship's current status?
(Check one box)
- | | |
|---|--|
| 1 <input type="checkbox"/> In home port | 3 <input type="checkbox"/> In port other than home port |
| 2 <input type="checkbox"/> At sea | 4 <input type="checkbox"/> In shipyard |
| | 9 <input type="checkbox"/> Other (Please specify): _____ |
10. Deployment status
- a. How many times have you deployed during the past 12 months?
(For purposes of this questionnaire, deployment is defined as:
"Ship scheduled at sea for 30 days or more")
_____ Times
- b. Are you currently deployed (30 days or more)?
(Check one box)
- | |
|--|
| 1 <input type="checkbox"/> No (Please skip to question 11) |
| 2 <input type="checkbox"/> Yes |
- c. What date did you begin this deployment?
Mo.: _____ Day: _____ Year: 199____
11. Have you deployed in the Bosnia area during the past 12 months? (Check one box)
- | |
|--------------------------------|
| 1 <input type="checkbox"/> No |
| 2 <input type="checkbox"/> Yes |
12. Where do you live when your ship is in your home port? (Check one box)
- | | |
|---|------------------------------------|
| 1 <input type="checkbox"/> Aboard ship | 3 <input type="checkbox"/> BEQ/BOQ |
| 2 <input type="checkbox"/> Navy housing | 9 <input type="checkbox"/> Other |

HEALTH CONDITIONS

13. Have you had any of these health conditions during the **past 30 days whether or not** it resulted in a visit to sick call or a health care provider?
(Please check either "no" or "yes" for every condition)
- | | | | |
|----|-------------------------------|--------------------------------|---|
| a. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Common cold symptoms |
| b. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Dizziness |
| c. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Chills |
| d. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Cough |
| e. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sore throat |
| f. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Fever |
| g. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Flu |
| h. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Diarrhea lasting at least 3 days |
| i. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Stomach problems |

13. --Continued-- Have you had any of these health conditions during the **past 30 days** **whether or not** it resulted in a visit to sick call or a health care provider?

(Please check either "no" or "yes" for every condition)

- | | | | |
|-----|-------------------------------|--------------------------------|---|
| j. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Constipation |
| k. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Indigestion |
| l. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |
| m. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sinus trouble |
| n. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hay fever |
| o. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Shortness of breath |
| p. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hoarseness |
| q. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Skin problems |
| r. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Muscle sprain or strain |
| s. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Back problems |
| t. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Hearing problems |
| u. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Irritated eyes |
| v. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Trouble seeing with one or both eyes even if wearing glasses or contacts |
| w. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pain in stomach or abdominal area |
| x. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Heat stress or heat stroke |
| y. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Psychological condition(s) severe enough to interfere with daily activities |
| z. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Personal problem(s) severe enough to interfere with daily activities |
| aa. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Other condition or injury |
| | | | Please specify: _____ |
| bb. | 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Headache: |

If yes, was your headache: (Please check either "no" or "yes" for every condition)

- | | | |
|-------------------------------|--------------------------------|---|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Pulsating or throbbing |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | One-sided for at least some portion of the headache (can be either right or left) |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Severe enough to cause you to stop or decrease your activities |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Made worse by physical activity |

Was your headache accompanied by:

- | | | |
|-------------------------------|--------------------------------|----------------------|
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Visual disturbances |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Numbness or tingling |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to noise |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Sensitivity to light |
| 1 <input type="checkbox"/> No | 2 <input type="checkbox"/> Yes | Nausea or vomiting |

14. During the **past 30 days** did you receive a doctor's diagnosis of any of these from a health care provider **not on this ship**? (Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Cold or acute nasopharyngitis
b. 1 ☐ No 2 ☐ Yes Sore throat, viral
c. 1 ☐ No 2 ☐ Yes Cough, viral
d. 1 ☐ No 2 ☐ Yes Flu

15. During the **past 30 days** have you been unable to perform your military duties for 1 or more days because of the reasons below?

(Please check either "no" or "yes" for every condition)

a. 1 ☐ No 2 ☐ Yes Health problem
b. 1 ☐ No 2 ☐ Yes Emotional problem
c. 1 ☐ No 2 ☐ Yes Personal problem
d. 1 ☐ No 2 ☐ Yes Family problem
e. 1 ☐ No 2 ☐ Yes Other

16. During the **past 12 months**, has a doctor told you that you had any of the following? (Please check one box on each line. If you check "Yes," please write your age at first diagnosis)

	No (1)	Yes (2)	If yes, what was your age in years at first diagnosis?
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Migraine headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Hernia (other than hiatal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
k. Anorexia or bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____
l. Hepatitis (Circle type) A B C	<input type="checkbox"/>	<input type="checkbox"/>	_____

17. During the **past 30 days** did you visit sick call, a medical doctor, or other health care provider to obtain care for yourself for any of the following reasons? (*Check as many as apply and fill in the number of visits for each reason.*)

- 1 ☐ Acute physical illness No. of visits: ① ② ③ ④ ⑤ or more
 2 ☐ Chronic physical illness, No. of visits: ① ② ③ ④ ⑤ or more
 3 ☐ Acute injury No. of visits: ① ② ③ ④ ⑤ or more
 4 ☐ Old or chronic injury No. of visits: ① ② ③ ④ ⑤ or more
 5 ☐ Health maintenance or preventive screening No. of visits: ① ② ③ ④ ⑤ or more
 6 ☐ Psychological or emotional condition No. of visits: ① ② ③ ④ ⑤ or more
 9 ☐ Other No. of visits: ① ② ③ ④ ⑤ or more

18. Approximately how many months or days ago was your:
 (*Fill in number of months or days for each item*)

	Number of months	Number of days (If less than 1 month)
a. Most recent visit to a medical doctor?	_____	_____
b. Most recent visit to another health care professional? (<i>Please specify type of provider, e.g., psychologist, dentist, nurse-practitioner</i>): _____	_____	_____
c. Most recent visit to a hospital corpsman?	_____	_____

LIFESTYLE

19. Have you smoked at least 100 cigarettes in **your entire life**? (*Check one box*)

- 1 ☐ No (*Please skip to question 22*)
 2 ☐ Yes

20. On how many of the **past 30 days** did you smoke cigarettes? (*Check one box*)

- 0 ☐ None
 1 ☐ 1-4 days
 2 ☐ 5-9 days
 3 ☐ 10-14 days
 4 ☐ 15-19 days
 5 ☐ 20-24 days
 6 ☐ 25-29 days
 7 ☐ Every day
 9 ☐ Not sure

21. On average how many cigarettes did you smoke per day during the **past 30 days**?
(Check one box)
- 0 ☐ None
- 1 ☐ Fewer than 1 cigarette a day, on the average
- 2 ☐ 1-4 cigarettes
- 3 ☐ 5-9 cigarettes
- 4 ☐ 10-19 cigarettes
- 5 ☐ 20-29 cigarettes
- 6 ☐ 30-39 cigarettes
- 7 ☐ 40-49 cigarettes
- 8 ☐ 50 or more cigarettes
- 9 ☐ Not sure
22. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your immediate work area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
23. During the **past 30 days**, have you been exposed to tobacco smoke for one (1) hour or more per day in your sleeping area or other non-working area? (Check one box)
- 1 ☐ No
- 2 ☐ Yes
- 9 ☐ Not sure
24. During the **past 30 days**, have you used any other form of tobacco? (Check all that apply)
- 0 ☐ None
- 1 ☐ Cigars
- 2 ☐ Pipe
- 3 ☐ Smokeless tobacco (snuff or chew)
25. During the **past 7 days**, on how many days did you have any alcoholic beverages?
(Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦
- (If you filled in 0, please skip to question 28)
26. On the days you drank any alcoholic beverage during the **past 7 days**, how many drinks did you usually have **per day**? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (Fill in one circle)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____

27. During the **past 7 days**, what was the largest number of alcoholic drinks you had in 1 day? (Consider a single shot, single mixed drink, glass of wine, or can of beer as 1 drink.) (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ○ If more, please give no.: ____
28. In an **average 7 days**, on how many days do you engage in exercise or sports that lasts at least 20 minutes without stopping, and that is hard enough to make you breathe heavier and your heart beat faster?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
29. In an **average 7 days**, on how many days do you engage in work that is hard enough to make you breathe heavier and your heart beat faster that lasts at least 20 minutes without stopping?: (*Fill in one circle*)
 ① ② ③ ④ ⑤ ⑥ ⑦ days
30. My current:
 a. Weight is ____ pounds.
 b. Height is ____ feet and ____ inches.
31. Calcium intake
 a. Have you taken any calcium supplements during the **past 30 days**? (*Check one box*)
 1 ☐ No
 2 ☐ Yes
 b. If yes, how many milligrams of calcium do you take per day?
 ____ milligrams.
 c. On the average, how many glasses do you usually drink **per day** of:
 (*Fill in one circle*)
 1. Skim milk ① ② ③ ④ ⑤ or more glasses.
 2. Low-fat milk: ① ② ③ ④ ⑤ or more glasses.
 3. Whole milk: ① ② ③ ④ ⑤ or more glasses.

32. General Nutrition

During the past 7 days, approximately how many times did you: (<i>Check one box</i>)		Never (1)	1-3 times per week (2)	4-6 times per week (3)	7 or more times per week (4)
a.	Eat high-fat meats or dairy (e.g., hamburger, hot dogs, steak, bacon, whole milk, cheese, ice cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Eat fried foods (e.g., french fries, fried chicken, fried eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Eat refined sugar products (e.g., cakes, pies, cookies, candies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Eat low-fat meats or dairy (e.g., chicken or turkey without skin, low-fat milk, yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Eat "leafy" vegetables (e.g., broccoli, cabbage, greens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Eat "starchy" vegetables (e.g., beans, peas, corn, potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Eat fruits (e.g., apples, oranges, raisins, dried fruit, melons, bananas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Eat high fiber foods (e.g., whole grain breads, cereals, bran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. During the **past 30 days**, on the average, how many hours of sleep did you get **per 24 hours**? (*Fill in one circle*)

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ hours

34. Do you or your partner currently use any form of birth control to prevent pregnancy?

(Please check all that apply)

- 1 ☐ Yes, birth control pills
- 2 ☐ Yes, condoms or rubbers
- 3 ☐ Yes, spermicidal foam or jelly
- 4 ☐ Yes, Depo Provera
- 5 ☐ Yes, Norplant
- 6 ☐ Yes, intrauterine device (IUD)
- 7 ☐ Yes, diaphragm
- 8 ☐ Yes, other (please specify) _____
- 9 ☐ No, because of a vasectomy or tubal ligation (tubes tied)
- 10 ☐ No, I am (or my partner is) sterile
- 11 ☐ No, I am not sexually active
- 12 ☐ No, I (we) use no method of birth control

35. The statements below describe attitudes and beliefs that different people might have. Indicate how much you AGREE or DISAGREE with each of the following statements.

(Check one box on each line)

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
a. The whole idea of birth control is embarrassing to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I think it is very important to use birth control after marriage until you have decided to start a family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would not have sexual intercourse without using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have sexual intercourse without birth control if my partner wanted me to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes when a birth control method is not available, I believe you just have to take a chance and hope for good luck to avoid causing a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I needed to go to a doctor or clinic for birth control information, I would feel comfortable about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY OF LIFE

36. How do you feel about your:
(Check one box on each line)

	Terrible (1)	Unhappy (2)	Mostly dissatisfied (3)	Mixed (4)	Mostly satisfied (5)	Pleased (6)	Delighted (7)
a. Job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Life as a whole?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. (If married) Spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. (If you have children) Children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. (If you live in military housing ashore) Military housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. (If you live aboard ship) Living conditions aboard ship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. (If you live in other housing ashore) Other housing ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Military pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD

37. How many days during the **past 7 days** have you:
(Check one box on each line)

	No days (0)	One day (1)	Two days (2)	Three days (3)	Four days (4)	Five days (5)	Six days (6)	Seven days (7)
a. Felt you just couldn't get going?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had trouble getting to sleep or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt you couldn't shake the blues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STRESS

38. Think about your whole life over the **past 2 weeks**. On the whole, how much stress do you think is in your life right now? (Please check one box)

None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
a. Financial matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My personal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal or health matters of a family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crowded conditions aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My personal safety aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Maintaining personal hygiene aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My lack of privacy aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My inability to get enough exercise aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The lack of recreational activities aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My nutrition, the unavailability of desired foods aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The person I work for (my immediate supervisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. The people I work with (my peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The people who work for me (those I supervise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. The way things are typically done aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. -- Continued -- Of the stress that you experience, how much comes from problems or concerns with: *(Please check one box on each line)*

	Not at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)	Not applicable (9)
p. The people with whom I share living space aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. My ability to perform my duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My career and chances for promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Being able to stay in the Navy because of downsizing or force reductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. My relationship with my spouse or boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Breaking up with my spouse or boyfriend/girlfriend because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. My ability to communicate with my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. My use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. My life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. <i>(If you have children)</i> My children because of being aboard ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. <i>(If you have children)</i> Discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. <i>(If you have children)</i> Child-care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40.	During the past 2 weeks , the stresses listed above have affected my: (Please check one box on each line)	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
a.	Personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Performance in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41.	During the past 2 weeks , how well have you coped with these stresses? (Please check one box)	Not at all (1) <input type="checkbox"/>	A little bit (2) <input type="checkbox"/>	Moderate amount (3) <input type="checkbox"/>	Quite a bit (4) <input type="checkbox"/>	Extreme amount (5) <input type="checkbox"/>
-----	---	---	---	--	--	---

FAMILY AND FRIENDS

42. How many close friends do you have? (Please fill in one circle)
 ① ② ③ ④ ⑤ ⑥ or more
43. How many relatives do you have that you feel close to? (Please fill in one circle)
 ① ② ③ ④ ⑤ ⑥ or more
44. Altogether, how often do you see these friends and/or relatives each month? (Check one box)
- 1 ☐ Almost every day
 - 2 ☐ Several times a month
 - 3 ☐ Not very often -- maybe once or twice a month
 - 4 ☐ Seldom -- a few times a year
 - 5 ☐ Almost never
45. Are you a member of any clubs or groups? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes
46. Do you belong to a church, temple, or other religious organization? (Check one box)
- 1 ☐ No
 - 2 ☐ Yes

47. Family composition
- a. (Unmarried men and women) When you are ashore, do you live with a significant other person in a marital-like relationship? (Check one box)
 1 ☐ No
 2 ☐ Yes
- b. Are you a parent?
 1 ☐ No
 2 ☐ Yes
- c. How many children (natural, adopted, or stepchildren) under the age of 21 currently live in your household? ____ children
- d. Are you a single parent? (You are a single parent if you have major responsibility for raising one or more children under 21 years living in your household without a spouse present.)
 1 ☐ No
 2 ☐ Yes

SOURCES OF HELP

48. If you experienced a personal problem, how helpful would the following individuals be to you? (Check one box on each line)

	Very unhelpful (1)	Somewhat unhelpful (2)	Neutral (3)	Somewhat helpful (4)	Very helpful (5)	Not applicable (9)
a. Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your friends on board ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other friends in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other friends not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chaplains, ministers, or other clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other Navy professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your ship's leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other professionals not in the Navy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEELINGS

49. Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
a. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Repeated unpleasant thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Loss of sexual interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling critical of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Feeling low in energy or slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Crying easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- Continued -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

		None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
r.	Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	Worrying too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.	Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	Your feelings are easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	Feeling others do not understand you or are unsympathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb.	Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc.	Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd.	Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee.	Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff.	Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg.	Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh.	Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- Continued -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

		None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
ii.	Feeling afraid to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jj.	Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk.	Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ll.	Having to avoid certain things, places or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mm.	Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nn.	Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo.	The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pp.	Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
qq.	Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr.	Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ss.	Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tt.	Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu.	Having urges to beat, injure or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv.	Sleep that is restless or disturbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww.	Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xx.	Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yy.	Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zz.	Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. -- Continued -- Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the box that best describes how much **DISCOMFORT** that problem has caused you **DURING THE PAST WEEK**.
(Check one box on each line)

	None at all (1)	A little bit (2)	Moderate amount (3)	Quite a bit (4)	Extreme amount (5)
aaa. Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bbb. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ccc. Feeling nervous when you are alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ddd. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eee. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fff. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ggg. Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hhh. Thoughts and images of a frightening nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
jjj. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kkk. Spending less time with peers and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHIC DATA II

50. What is your race? (Check one box)

1 ☐ White

2 ☐ Black/African-American

3 ☐ Asian/Pacific Islander

4 ☐ Native American

9 ☐ Other (please specify): _____

51. What is the highest level of education you have completed: (*Check one box on each*)

- 1 ☐ Some high school
- 2 ☐ Graduate equivalency degree (GED)
- 3 ☐ High school graduate
- 4 ☐ Trade or technical school graduate
- 5 ☐ Some college or AA degree
- 6 ☐ 4-year college degree
- 7 ☐ Graduate or professional degree

52. What is your approximate total number of years and months on active duty (Navy or other branch of service)?

___ ___ years and ___ ___ months

53. What is the approximate total time you have served aboard Navy ships counting all time on all ships on which you served?

___ ___ years and ___ ___ months

54. What is the approximate total time you have served aboard a Navy salvage ship?

___ ___ years and ___ ___ months

FLIGHT 800 RECOVERY OPERATIONS

55. Please describe your main duties aboard ship during TWA Flight 800 recovery operations. (*Please check all that apply*)

- 01 ☐ Diver
- 02 ☐ Operate or maintain diving equipment
- 03 ☐ Operate or maintain electrical systems
- 04 ☐ Operate or maintain hoist or other mechanical systems on deck
- 05 ☐ Operate or maintain main propulsion system
- 06 ☐ Operate or maintain radar, sonar, or radio communications equipment
- 07 ☐ Operate or maintain other electronic equipment
- 08 ☐ Perform administrative or clerical services
- 09 ☐ Perform general or hull maintenance duties mainly topside
- 10 ☐ Perform general or hull maintenance duties mainly below
- 11 ☐ Mess management or other services
- 12 ☐ Medical, nursing, or medical corpsman duties
- 13 ☐ Officer duties
- 99 ☐ Other (*please describe*): _____

56. What date did you first arrive on scene of any Flight 800-related recovery operations?

Month: ____ Day: ____ Year: 1996

57. What date did you last take part in any Flight 800-related recovery operations on scene?

Month: ____ Day: ____ Year: 1996

58. Before Flight 800 recovery operations, have you ever participated in an operation that involved recovery of human remains?

1 ☐ No

2 ☐ Yes

59. While you were on scene, approximately how many times did you visit sick call or a doctor?

____ times

60. While you were in port during the period of recovery operations, approximately how many times did you visit sick call or a doctor?

____ times

61. While you were under way during the period of recovery operations, but not on scene, approximately how many times did you visit sick call or a doctor?

____ times

DISSOCIATIVE EXPERIENCES QUESTIONS

62. INSTRUCTIONS: Please complete the items below by checking the box of the choice that best describes your experiences and reactions DURING THE RECOVERY OPERATION AND IMMEDIATELY AFTERWARD. If an item does not apply to your experience, please check "not at all true."

	Not at all true (1)	Slightly true (2)	Somewhat true (3)	Very true (4)	Extremely true (5)
a. I had moments of losing track of what was going on -- I "blanked out" or "spaced out" or in some way felt that I was not part of what was going on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I found that I was on "automatic pilot" -- I ended up doing things that I later realized I hadn't actively decided to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My sense of time changed -- things seemed to be happening in slow motion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What was happening seemed unreal to me, like I was in a dream or watching a movie or play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt as though I were a spectator watching what was happening to me, as if I were floating above the scene or observing it as an outsider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There were moments when my sense of my own body seemed distorted or changed. I felt disconnected from my own body, or that it was unusually large or small.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. -- *Continued* -- INSTRUCTIONS: Please complete the items below by checking the box of the choice that best describes your experiences and reactions DURING THE RECOVERY OPERATION AND IMMEDIATELY AFTERWARD. If an item does not apply to your experience, please check "not at all true."

	Not at all true (1)	Slightly true (2)	Somewhat true (3)	Very true (4)	Extremely true (5)
g. I felt as though things that were actually happening to others were happening to me -- like I was being trapped when I really wasn't.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I was surprised to find out afterwards that a lot of things had happened at the time that I was not aware of, especially things I ordinarily would have noticed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt confused, that is, there were moments when I had difficulty making sense of what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I felt disoriented, that is, there were moments when I felt uncertain about where I was or what time it was.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPACT OF EVENT SCALE

63. INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then check the box that best indicates how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the recovery operation, and how much you were distressed or bothered by these difficulties.

	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
a. Any reminder brought back feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had trouble staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other things kept making me think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt irritable and angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I avoided letting myself get upset when I thought about it or was reminded of it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I thought about it when I didn't mean to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt as if it hadn't happened or wasn't real.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I stayed away from reminders about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pictures about it popped into my mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I was jumpy and easily startled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I tried not to think about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. -- *Continued* -- INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then check the box that best indicates how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the recovery operation, and how much you were distressed or bothered by these difficulties.

	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
m. My feelings about it were kind of numb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I found myself acting or feeling like I was back at that time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I had trouble falling asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I had waves of strong feelings about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I tried to remove it from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I had trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I had dreams about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I felt watchful and on-guard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I tried not to talk about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. The following items refer to your experiences related to TWA Flight 800 recovery operations.

	Never (1)	Occasionally (2)	Often (3)	Most of the time (4)	All of the time (5)
a. Do you keep remembering this event when you don't want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have dreams or nightmares about this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you ever suddenly act or feel as though part of this event is happening again, even though it isn't?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Previous to TWA Flight 800 recovery operations, did any of the following ever happen to you?

Being . . .	No (1)	Yes (2)	Approximately what year(s) did this happen?
a. . . . in combat?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
b. . . . assaulted or threatened with a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
c. . . . almost killed or badly hurt?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
d. Seeing someone being hurt or killed?	<input type="checkbox"/>	<input type="checkbox"/>	19 ____
e. Other terrible experience (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	19 ____

66. Do you keep remembering any of the above events even when you don't want to?

1 ☐ No
2 ☐ Yes
9 ☐ Not sure

67. Do you keep having dreams or nightmares about it?

1 ☐ No
2 ☐ Yes
9 ☐ Not sure

68. During TWA Flight 800 recovery operations were you exposed to any of the factors listed below? (*Direct contact means touching with or without gloves.*)

If answer is yes, please fill in the circles below:

Exposure	No (1)	Yes (2)	What was the usual number of hours per day that you had this exposure or did this activity?	What was the usual number of days per week that you had this exposure or did this activity?
a. Skin contact with jet fuel from Flight 800?	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ② ③ ④ ⑤ ⑥ ⑦
b. Inhaling vapor from jet fuel from Flight 800?	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ② ③ ④ ⑤ ⑥ ⑦
c. Direct contact with (touching) <u>intact</u> bodies?	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ② ③ ④ ⑤ ⑥ ⑦
d. Direct contact with (touching) <u>body parts</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ② ③ ④ ⑤ ⑥ ⑦
e. Direct contact with (touching) <u>blood</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ② ③ ④ ⑤ ⑥ ⑦
f. Taking part in activities where human <u>remains were visible</u> but you did not have direct contact with them?	<input type="checkbox"/>	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	① ② ③ ④ ⑤ ⑥ ⑦
g. Diving underwater?	<input type="checkbox"/>	<input type="checkbox"/>	What was your usual number of dives per day? ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ +	How many days per week did you usually dive? ① ② ③ ④ ⑤ ⑥ ⑦

69. What aspect of the recovery activities bothered you most?

☐ Don't know

70. Why did this bother you most?

☐ Don't know

COMMENTS AND SUGGESTIONS

Additional comments you would like to add:

THANK YOU!

Please return to your shipboard coordinator or:

Naval Health Research Center

Code 233

Post Office Box 85122

San Diego, CA 92186-5122

Telephone (619) 553-6881; DSN 553-6881



DEPARTMENT OF THE ARMY
US ARMY MEDICAL RESEARCH AND MATERIEL COMMAND
504 SCOTT STREET
FORT DETRICK, MARYLAND 21702-5012

REPLY TO
ATTENTION OF:

MCMR-RMI-S (70-1y)

9 Mar 98

MEMORANDUM FOR Administrator, Defense Technical Information
Center, ATTN: DTIC-OCP, Fort Belvoir,
VA 22060-6218

SUBJECT: Request Change in Distribution Statement

1. The U.S. Army Medical Research and Materiel Command has reexamined the need for the limitation assigned to technical reports written for the following contracts. Request the limited distribution statement for these contracts be changed to "Approved for public release; distribution unlimited." These reports should be released to the National Technical Information Service.

Contract Number


Accession Document Number

DAMD17-94-J-4407
DAMD17-95-1-5048
DAMD17-95-C-5006
95MM5508
95MM5522
95MM5537
95MM5596
96MM6652
96MM6653
96MM6654

ADB224557
ADB230013
ADB219041
ADB227588
ADB229897
ADB227721
ADB229924
ADB220033
ADB221466
ADB222409

2. Point of contact for this request is Ms. Betty Nelson at
DSN 343-7328 or email: betty_nelson@ftdetrck-ccmail.army.mil.

FOR THE COMMANDER:


PHYLLIS M. RINEHART
Deputy Chief of Staff for
Information Management

Completed
2-8-2000
B.W.